ERT.		13338		1				
	1. PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceas	ed lived. If instit b. COUN		efore odmission)
	Balto.		MARYLAND	Md.			Balto.	
	and give negrest to	(If outside corporate limits, write RURAL wn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	porole limits, write	e RURAL ond give	nearest lown)
	Towson				son			
(		ITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
		evenson Lane		1/4	Stever	ison Lan	e	YES NO
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mon	Ih Day	Yeor
	(Type or print)	MICHAE		ANDREAE	DEATH	De		19 59
	5. SEX	6. COLOR OR RACE 7. MARRI		DATE OF BIRTH		9. AGE (In years last birthday)	Months Days	Hours Min.
0	male	white WIDOWE		Apr. 5, 195		- yes.		nous Min.
	10a. USUAL OCCUPAT during most of work	ION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (Stot	te or foreign o	ountry)	12. CITIZEN C	F WHAT COUNTRY
	never	worked .	10 to A	Md				
\	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	Charle	s Norman Andreae		Jean Gow	dv			
1	15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Addres		
	no		none / M	r. Charles	N. Andr	reae - 1	L Steven	son Lane
		ATH [Enter only one cause per line		1 1			LINIE	ET AND DEATH
	PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1/1 ong	entier lea-	-1-		3	idden
	9240	DUE TO			2			
V	Conditions, if						V 45 10	
	gave rise to imm (a), stating the							
	couse lost.	) (c)						
	PART II. OT	THER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEAS	CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
0	3 /1777	Came out or	/19/1/ /OWN	,1 /W1S.	led Ar	oundAle	ck.	YES NO -
	PART II. OF STEEL OF CAUSE OF DEATH		E HOW INJURY OCCURRED. (E.	ter noture of injury in Po	ort I or Part II	of item 18.)	15/201191	ed Bahry
	T. 1							
	20c. TIME OF INJ			E OF INJURY (Home, for ry, street, office bldg., et	m, 20f. (City	or fown)	(County)	(Stote)
	₩ Hour o.m	. 19 of we	ork of work	Home		Towism	Ball	or Medi
	21. I certify	that I took charge of the	remoins described obov	e, held on Autop	sy 🔲, Ir	spection 🔄	Inquiry [	, ond in my
	opinion death	resulted from: Notural	couses , Accident	, Suicide ,	Homicide	, Undete	ermined monn	er 🗍
	/	51.0-	7	1				
	SIGNATURE	116/100/1	Chitracelle	M.D. CHIEF MEDICAL	EXAMINER [			DATE SIGNED
		11. 1 7	1000	, ASSISTANT MEDI	CAL EXAMINE		121	1.0
1	EXAMINER'S NAME (Type)	and les to	)Downe	DEPUTY MEDICAL	EXAMINER E	3	1//	3/19
	220. BURIAL, CREMATI	ON, 226. DATE THEREOF	27c. NAME OF CEMETERY OR	REMATORY	22d. LOCAT	ION (City, town,	or county)	(Stote)
	Burial	" 12/15/59	Druid Ridge	e Cem.		esville.		
	23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		D BY REGISTI	RAR 24b. REGI	STRAR'S SIGNATU	RE
	Mru. I	. Julynus	7. Jour - 120	Cto 17 perc	1 5 '59	arthu	of S. Thousa	
	4 4 4	5000000		11/1	-			
	2044	- 94- 人じろ		ula				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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24a. REC'D BY REGISTRAR

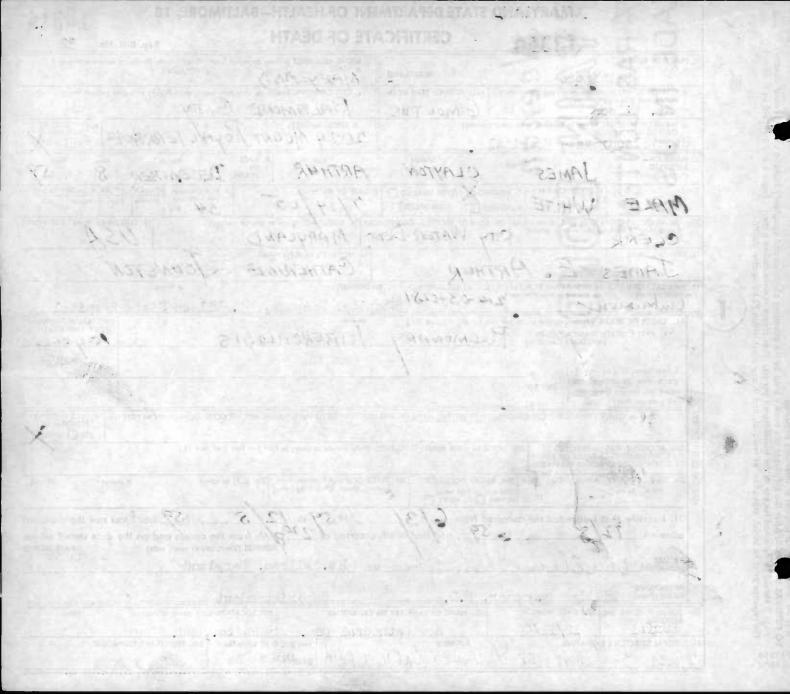
24b. REGISTRAR'S SIGNATURE

**ADDRESS** 

(State)

0 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE



VS A15 (4) 15M 9/5B

090

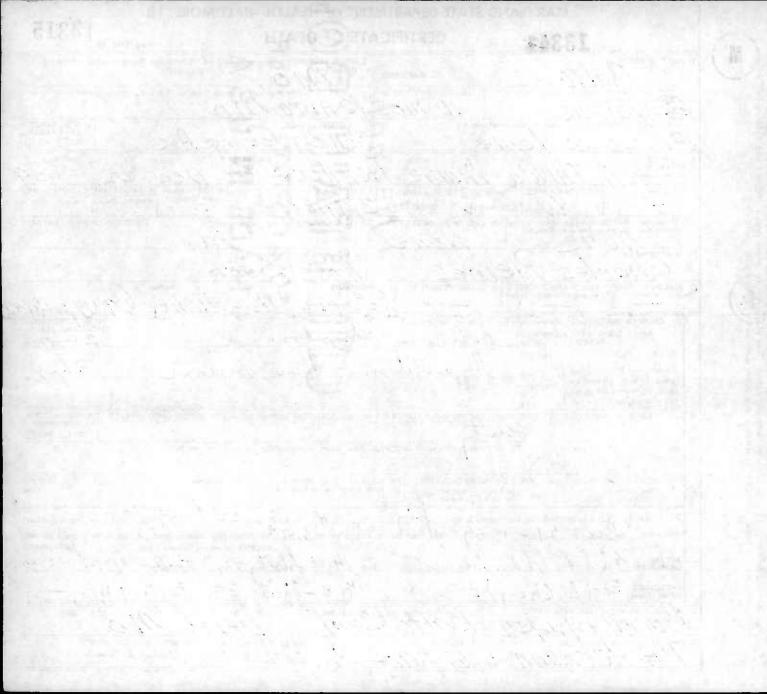
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12224

### CERTIFICATE OF DEATH

3315

70044			R	eg. Dist. No.	
o. COUNTY	MARYLAND	a STATE	re deceosed lived. If institution: b. COUNTY	Residence before admission	on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	BALTO	tside corporote limits, write RURA	(L and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street a PR INSTITUTION	ddress)	3311 TT. E	Peorge Ave	e. tS RESID ON A F YES	FARM?
NAME OF DECEASED (Type or print) Mathilda	Marie 1	FSHAUER	4. DATE Month OF DEATH OF	Day Ye 2 2 15	eor 9 <i>5</i>
SEX 7 6. COLOR OR RACE 7. MARRI	D DIVORCED	3/9/1879	11.1.0	UNDER 1 YEAR IF UNDER	Min.
On USUAL OCCUPATION (Give kind af work done 10b. It during most of working life, even if retired)	AND OF BUSINESS OR INC	USTRÝ 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT CO	OUNTRY
harles Plei	nes	14. MOTHER'S MAIDEN NA	Pech		
6. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	OCIAL SECURITY NO.	EORDS /	PUE-Home	Campe	de
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	for (a), (b), and (c).]	Thrombon	7 ,	INTERVAL BETTONSET AND E	WEEN
Canditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying</u> cause lost. (b)	typerten.	uni Heart	Disease	54	7
	ONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERMIN	al disease condition given	IN PART 1(a) 19. WAS AI PERFOR	MED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Pa	irt I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. While p. m. 19 ot work	_ Nat while _	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	20f. (City or tawn)	(County)	(Stot
21. I certify that I attended the decease alive an Social 21 - 19	1-0	19 59, ta 20 th accurred at 4.50 PM	A, fram the causes and	at I last saw the de	
ACTUAL SIGNATURE Garl L. Chum	hen		DDRESS (Street, city or town, state		SIGNI
PHYSICIAN'S FORLL. Chimb	1513-	4108-Libert	ts. Ats. Bult	0-7-hf	
REMOVALY Specify 12/26/59	22c. MANNE OF CENHETERY	EREMATORY 2	22d. LOGATION (City, town, or c	(Stote)	)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	24g. REC'D		AR'S SIGNATURE	



certificate TO FUNERAL DIRECTOR shauld 3 page

VS A15 (4) 1SM 9/SB

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Yeor 19% IF UNDER 1 YEAR IF UNDER 24 H Doys Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MEDICAL (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while ot work at work p. m. 1, that I last saw the deceased 21. I certify that I attended the deceased fram alive an and that death occurred at\_ M, fram the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city ar town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City. WINERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE adding S. Krous DATEDEC 1 7 '59

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1	X		
TO HOSPITAL ON TIENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs or deoth. Page 4 may be retain by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detoched far use as the buriol-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.	M	1. [	PL/
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the hostoche	1		M
O HOSPITAL ON TIENDING PHYSICIAN: The law requires that the deoth certificote be execut may be retain the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compage 3 shauld be detoched far use as the buriol-transit permit. Then please remove corbon pop the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.	415		200 (III 20 B R F F F F F F F F F F F F F F F F F F
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VS A15 (4) 15M 9/5B

	13343		CERTIFIC	AIL OI D	LAII	•		Reg. Dist	. No.	
PLACE OF DEATH     a. COUNTY	Baltimore		MARYLAND	a CTATE	rylar		lived. If institution b. COUNTY	Ba 1	before ad	mission)
b. CITY OR TOWN RURAL and give	N (If outside corporate limits e nearest town)	s, write c. LENC	OTH OF STAY IN 16				ote limits, write R	URAL ond gi	ve nearest t	rown)
Fort Ho		140	Days		ltimo	ore		0.10	D53	
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital, gi	ve streef address)		d. STREET AD					e. IS	RESIDENCE N A FARM?
Veteran	s Administra	tion Hos	oital	4016	Putt	y H111	Avenue		YES	NOX
3. NAME OF DECEASED (Type or print)	EVERETT		Middle G.	BAKER		4. DATE OF DEATH	DECEMB		Day 25	Yeor 19 <b>59</b>
5. SEX Male	6. COLOR OR RACE White	7. MARRIED K	DIVORCED	9/16/90			9AGE (In years last birthday) 69 yrs.	-	YEAR IF U	NDER 24 HR urs Min.
10o. USUAL OCCUPA during most of v	ATION (Give kind of wark divarking life, even if retired)	ane 10b. KIND OF	BUSINESS OR INDI	USTRY 11. BIRTHPLA	CE (Stote	or foreign ca	untry)			AT COUNTR
House Dete		Dept.St	tores	Buffal	o, N	ew Yor	k	U.S	A.	
13. FATHER'S NAME		- (		14. MOTHER'S A	AAIDEN N	IAME				
	George Baker				Anna		UN	KNOWN		
Yes, na, or unknown)	EVER IN U. S. ARMED FORCE (If yes, give war or dates of ser	rvice)	SECURITY NO.	informant in Rec. VA	Hos	p.Balt	Add o, Md.Ft	Commence of	d Div	rision
PART I. C  /53.8  Canditions, if gove rise to cause (a), statin lying cause la	ng the <u>under-</u>	METASTA!		CARCINOMA	OF C	OLON T	O LUNGS	AND	ONSET A	L BETWEEN ND DEATH
CATIC	OTHER SIGNIFICANT COND							'EN IN PART	PE	AS AUTOPS RFORMED?
OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	206. DESCRIBE HO	W INJURY OCCURR	ED. (Enter noture of	injury in P	ort I ar Part	Il of item IB.)			
Y 20c. TIME OF INJ Hour o. n p. n	. 10	While _ No	CCURRED 20e. P	PLACE OF INJURY (Ho octory, street, office I	ome, farm, bldg., etc.	, 20f. (City	ar tawn)	(Co	ounty)	(Stat
21. I certify	that I attended the	deceased fran	11/15/	1552	to 1	2/25/	, 152,	<b>ESPAPASA</b>	DSGCD	PORCEX
ACTUAL SIGNATURE	JUE .	Locale	二, 八.)	M.D.VAH, BAI	TO,	MD. FC	the causes and reet, city or town, ORT HOWAR	b DIV	SION	DATE SIGNI
220. BURIAL, CREMAT REMOVAL (Speci	TION, 22b. DATE THEREOI		AME OF CEMETERY				ION (City, town,			Stote)
Burial	12/28/	9 Par	kwood Ceme	etery		Ba	ltimore,	Mary]	land	1
Ceorge F.	Sander & So		e. & Broad		24a. REC'E	EC 2 8	RAR 24b. REG	STRAR'S SHOP	YOUREA	

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RE- TRANSPORT THE THE PERSONS	AT .O.		
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	Derokan Türki		
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15M 9/5B

physician.

or attending

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offet .... archesta Doll PROTE Ed. Ball de 1. destall OF 2727784 concluded strong for HORRAR DWANT DELLERS mreated stall mores, an Simple party 12-51-5 fairts THE MORNING TO PROVE THE PARTY NAMED IN

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM2. YES NO P DATE OF Dec. 2, 1959 Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? U.S. Bange, Pikesville 8, Md. INTERVAL BETWEEN ONSET AND DEATH D ULLOP PERFORMED? YES NO (County) (State) 59, that I last saw the deceased and that death occurred at 1:05 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (State) Reisterstown, Md.

24b. REGISTRAR'S SIGNATURE

arthur & Krace

24g, REC'D BY REGISTRAR

DATEDEC

0 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

J.F. Eline & Sons. Reisterstown. Md.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 13346 CERTIFICATE OF DEATH

13320

Reg. Dist. No. 32

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASED	/
COUNTY Baltimore	MARYLAND	STATE Med	COUNTY Ball	to. City
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		ate fimits, write RURAL and give near	
OR end give neerest town) TOWN 35 5 7 7 7	(in this place)	OR TOWN /2	24	6.0 91
MT Wilson	68 mo.	1000	Itimore Cit	31
HOSPITAL OR		STREET	(If rurel give location)	,
INSTITUTION OR STREET ADDRESS AT 1 TO 3		ADDRESS	20 12 1/	Stan
Mt. Wilson State Hos	pital	17	20 Bank	St 3401-
3. NAME OF (First) (Mid	dle)	(Lest)	4. DATE (Month)	(Day) (Year)
DECEASED MAN L'	72		OF.	
(Type or Print) Martin	12 a	rrett Sr.	DEATH /2	1 1954
/5. SEX   6. COLOR OR   7. SINGLE, MARRIED,	8. DATE O	F BIRTH 9	. AGE last birthday   IF UNDER	1 YEAR   IF UNDER 24 HRS
RACE WIDOWED, DIVOR	CED,	11 /100	Months	Days Hours   Min.
(Specify)	M 1 4/1	11/1887	/ yrs.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND C	OF BUSINESS	11. BIRTHPLACE (State or foreig	n country) 1 12.	CITIZEN OF WHAT
dona during most of working life, even if OR INI	DUSTRY	1		COUNTRY?
relired) HUCKSTEF GFO	cerv	13216imo.	re	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	71.07
12. +1.1 B		M	, pm ,	
Bartley Barrett		Mary	Flunn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. S	OCIAL SECURITY NO.	I 17. INFORMANT & AL	DDRESS HOSpital Rec	ords
				0145
04/	3-34-354	4   Mt. Wilso	n State Hospital	
	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH
002 X IMMEDIATE CAUSE (A) FAT A	dies includ	Pilmennel	Tuberculosis	Cours
OOLX IMMEDIATE CAUSE (A) Lar A	avancea	10111011are	14 86104 10313	a gra
ANTECEDENT CAUSE(S) DUE TO		•		U
DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE				
STATING CHOLECTING CAUSE LAST.				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION   19b. MAJOR FINDINGS OF	OPERATION			20, AUTOPSY?
THE DATE OF CITATION	OFERAIION			
				YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office	erm, fectory, 2	1c. WHERE DID INJURY OCCUR	? (City or town) (Count	ty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	bidg., dic.,			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, IN.	JURY OCCURRED   :	21f. HOW DID INJURY OCCUR	?	
While	Not while		•	
M. at work	el work			
22. I hereby certify that I attended the deceased	1 from 2/24	10 54 10 12	2/7 10.54 should	last save that dance of
22. I hereby certify that I allowed the deceases	110m	11 30 1		last saw the deceased
alive on/_2/_7, 19.5.7, and th	at death occurred at.	This A. A.M., from the ca	suses and on the date stated	above.
SIGNATURE		ADDR	ESS (Street, city, town, stete)	DATE SIGNED
III Norm	omer Sur	erintendent, M	t Wilson Md	
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or county)	(Stata)
Demi al	200		D-344	
	Mt. Carm	el	Baltimore, Mary	Land
		25. FUNERAL DIRECTOR'S	IGNATURE	ADDRESS
DATE DEC 1 0'59 Cirting S. Kraus		J. West Lo. V	00 mg. 1901 1	Eastern Ave.

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WILLIAM COMPA

CERTIFICATE OF DEATH

13321

	13847	CERTIFIC	AIE OF DEATE			Reg. Dist. No	
1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (Wh	ere deceased liv		Residence befo	ore admission)
Baltimor	e	MARYLAND	o. STATE Marvla	and	b. COUNTY	limone	
b. CITY OR TOWN (If autside RURAL and give nearest tow	carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o				arest town)
Fort Howard		6 days	X Baltin	nore			
d. NAME OF HOSPITAL (If not OR INSTITUTION	in haspital, give stree	et address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Veterans Adm	inistratio	on Hospital	20 Wa]	Ldron Av	re		YES NO S
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Do	ру Үеаг
(Type or print)	WILLIAM	E E	AUGHER		ecember	28	1959
S. SEX 6. COLO	OR OR RACE 7. MA	RRIED TNEVER MARRIED	B. DATE OF BIRTH	9. /			IF UNDER 24 HRS
Male wh	ite WIDO	WED DIVORCED	December 1.	1895	ast birthday) 61 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give during mast af working life, e	kind of wark dane 10	b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stote	or fareign count	ry)	12. CITIZEN O	F WHAT COUNTRY
Clerk	B&	&O Railroad	Balto. Man	vland		USA	
13. FATHER'S NAME	00	1 1	14. MOTHER'S MAIDEN N	IAMB	0		W. 122
William	Hollson	ber Amake	of Ida h	erso.	Lenner	2.	
15. WAS DECEASED EVER IN U. S	. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	INFORMANT		Addre	SS	
	war or dates of service)	705-05-7489 C	lin.Rec.VA Hos	Balto	Md Ft	Howard I	Division
18. CAUSE OF DEATH [Ente	er only ane cause per						ERVAL BETWEEN SET AND DEATH
PART I. DEATH WAS	CAUSED BY:	RCINOMA OF ADRE	NAT. GLAND RIGH	T			Unknown
195,0		TASTATIC CARCIN			ND PERT		04444404444
Conditions, if ony, which		TRACHEOBRONCH			212 2 2203	************	
gove rise to immediat	e NEXXB	BRONCHOPNEUMONI					3 DAYS
lying couse last.	_	EDEMA OF THE LU					DAIO
Z PART II. OTHER SIGN	1-1-1-1-1	S CONTRIBUTING TO DEATH BU		NAL DISEASE CO	ONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY
) I Y							PERFORMED?
PART II. OTHER SIGNI  20g. ACCIDENT WAS UNDER OR CONTRIBUTING  OR CONTRIBU	LYING   20b. DI	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	Part I or Port II	of item 1B.)		
OR CONTRIBUTING CAUS	E OF DEATH						
3 20c. TIME OF INJURY Manth	n, Day, Year 20d.		LACE OF INJURY (Home, form,		town)	(County)	(State)
20c. TIME OF INJURY Manth Hour o. m.	19 While	le Not while fork of work	octory, street, office bldg., etc.	)			
VA		ased fram December	10 10 10	A and an	00 1050-4		
OXUXEX ADX X X X X X X X X X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCCCC and that deat			causes and city or town, st		e stated above DATE SIGNED
ACTUAL /U/	MIN TV	XX 1. May					DATE STOTICE
SIGNATURE	10-04.1	Tryquan	A.D. VAH BALTO	MD EL F	OWARD D	TAISTON	
PHYSICIAN'S NAME (Type)		/					. 1.0.11
VIIV	WIS M SNYT		VAH BALTO				12/28/5
220. BURIAL, CREMATION 22b. REMOVAL (Specify)	SI IG	22c. NAME OF CEMETERY	OR CREMATORY		N (City, town, or	,,	(Stote)
Burial MUC	May 21, 17	Woodlawn Cem		Balti	more, M	aryland RAR'S SIGNATU	IDE
23. FUNERAL DIRECTOR'S SIGNAT							
Frank H Newell	Inc. Reis	sterstown Rd &		EC 3 0 '59	a	thung S. Kr	aus
	7. 34-		Pikesville,	Md		100	

r death. Page 4 may be retain the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VS A1S (4) 15M 9/SB

the registrar priar ta burial, cremation, ar remaval, and in any event within 72 hours after death

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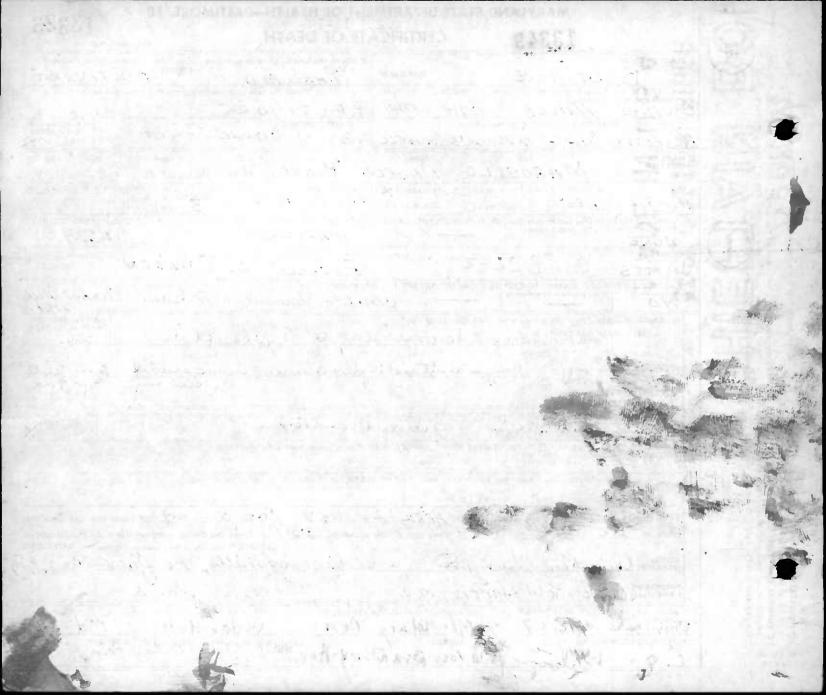
TO FUNERAL DIRECTOR

VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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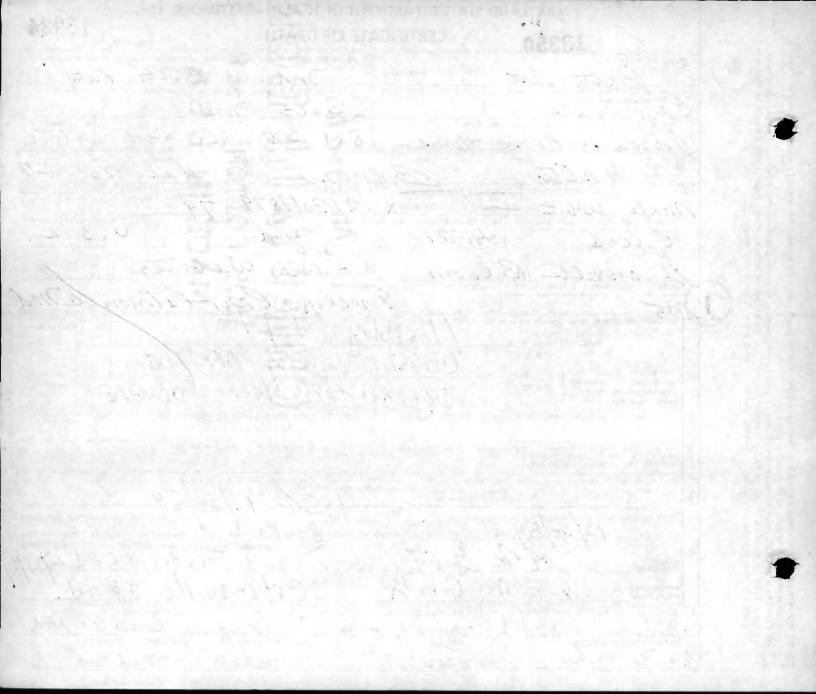
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FUNERAL DIRE

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VS A15 (4)

15M 9/5B



13325

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1.	o. COUNTY		ate I	raining Scho	1 0	SUAL RESIDENCE (	Where decease	d lived. If institu b. COUNT	V		deorge
$\vdash$		Limore (If outside corporate limi	tr write	c. LENGTH OF STAY IN 1		CITY OR TOWN (	-	and limits write			9
	RURAL and give	neorest town)	is, wille				7,4914				. /
(	wings Mil			5 years		lest Hyat		, Maryla	nd		5-2
	d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital, g	ive street	address)		STREET ADDRESS				e.	ON A FARM?
F	Rosewood S	tate Traini	ng Sc	chool		714 16th	Avenue	}			YES NO
3.	NAME OF	Fir	st	Middle		Last	4. DATE	Mo	onth	Day	Year
	(Type ar print)	K	eith	Ian		Bond	DEATH	1	12	14	19 59
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In year	IF UNDE	R I YEAR H	F UNDER 24 HR
Г	Male	White	WIDOW			)/25/52		last birthday)		Days	Hours Min.
10			_	KIND OF BUSINESS OR IN	-		ote or fareian o			TIZEN OF V	WHAT COUNTR'
		rking life, even if retired						,			
1	CATHERIC MALLE				124	Pennsyl				U.S.A	Lo
1	. FATHER'S NAME				14.	MOTHER'S MAIDE					
	formond E.	Bond					Sybili	a Caveli			
15	i. WAS DECEASED EV (es, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	INFOR/	MANT		Ad	dress		
L	no	0070		0000mg	Rose	ewood Rec	ords				
	18. CAUSE OF DE	ATH [Enter only one co	use per li	ne far (0), (b), ond (c).]		TO THE		¥			VAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY:	By	ouchopus	hu	a ouise	and	buln	- OHE+	ONSE	T AND DEATH
	11014	DUE TO	1		D D	1	9.5	- 1- 1- 1	0	7	
1	77/		al	5,5553 250	Kok	con	-bri	CO PE	L		
	Canditions, if	immediate	75	4 Larvu	920	al ed	ema				
L	couse (o), stoting		×	1	1			T DIL			
,	lying cause last		)	\							
Ê	PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH			RMINAL DISEAS	SE CONDITION G	O D	RT 1(a) 19.	PERFORMED?
I V		Mongoli	& len	with it	rten	anti-	nlar	tel you	dela	EX ,	YES 🔂 NO
CEPTIFICATION	20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Ent	er noture af injury	in Port I or Pa	rt II of item 1B.)	1		
		IRY Month, Day, Ye	or 20d I	NJURY OCCURRED 20e	PLACE O	F INJURY (Hame, fi	orm 20f (Cit	v or town)		(County)	(Stot
MEDICAL	Hour o.m.		While	Not while		treet, office bldg.,		, or to,		(Coomy)	(Dioit
1	p. m.	19	ot wor	k at work							
	21. I certify t	hat I attended the	deceas	sed fram		, 19, ta		, 19	_,that	ast saw	the decease
	alive an		, 19	, and that de	ath acc	urred at3:50	D_M, fram	the causes a	nd an th	e date :	stated abav
			0	P 20 14				street, city or town			DATE SIGNE
	ACTUAL SIGNATURE	et W. De	ell?	ent Park	- CM.D.	Kind 43	07 110	zinfie	la a	m ]	12/15/59
	PHYSICIAN'S P	etar W. F	lie	ckert		Be	ellin	-orel	4,11.	0	
2	REMOVAL (Specify	ON, 22b. DATE THEREC	59	22c. NAME OF CEMETER	1 1	MATORY	22d. LOCA	TION (City, town,	or county)	ls	(Stote)
23	. FUNERAL DIRECTO	R'S SIGNATURE	/	ADDRESS			EC'D BY REGIS	TRAR 24b. REC	SISTRAR'S S	JGNATURE	
	/	UII		Y/ T.T		1 Fige	DEO 0 1 1	ED V	Tattura 4	Montal	A

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THE DESCRIPTION OF THE PROPERTY OF THE PROPERT was in the second of the second state of the second Analysis (editorsides) con . . . . 1.47(44) LAKE OF THE SOLL STORY the state of the s 

22c. NAME OF CEMETERY OR CREMATORY

ADDRES!

22d. LOCATION (City, tawn, or county)

24b. REGISTRAR'S SIGNATURE

arthur S. Thous

24a, REC'D BY REGISTRAR

(Stote)

VS A15 (4)

220. BURIAL CREMATION.

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

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AND THE STREET, SAN AND ADDRESS OF THE STREET, SAN AND ADDRESS			
		The season through	
Annual Action Services			

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13353 CI

#### CERTIFICATE OF DEATH

13327

	20004							Reg. Dist.	No.	
1. PLACE OF DEATH a. COUNTY BALL	TIMORE		MARYLAND	2. USUAL RESI	DENCE (Who	PND	lived. If institution b. COUNTY	on: Residence to	POLL	sion)
b. CITY OR TOWN ( RURAL and give n	If autside corporate lin	nits, writa c. LEN	IGTH OF STAY IN 16	c. CITY OR	TOWN (If or	utside corpora	ate limits, write R	URAL and give	nearest taw	n)
RANDALLS	TOWN !	PURAL 5	DAYS	N	EW	WIN	DSOR		1361	V- 2
d. NAME OF HOSPI OR INSTITUTION	AL (If not in hospital,	give street address)		d. STREET	DDRESS	10///			e. IS RES	
OK III SIII GII GII	V pr	ivate res	idence	UNION	BRIDG	E RO	AD			A FARM?
3. NAME OF DECEASED (Type or print)	MARY	ANN	Middle Row	MAN	st	4. DATE OF DEATH	Mon DF	-84	0	Year 19.59
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	Н		AGE (In years	IF UNDER 1 Y		
F	W	WIDOWED T	DIVORCED [	AUGU-	1911		last birthday)	Months Da	ys Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of wark	done 10b, KIND O		JSTRY 11. BIRTHPI	ACE (State of	or foreign cou		12. CITIZEI	N OF WHAT	COUNTRY
during most at war	king life, even if ratire	d) pin N	HAME	MA	RVIE	1 N/A		11	CA	
13. FATHER'S NAME	11/1-6	JEV.11	TO THE	14. MOTHER'S	MAIDEN N	AME		U ·	2//	
STEIN	ER W	APHTE	R	DAT	SV	STULL	EFFR			
N. WAS DECEASED EVE	R IN U. S. ARMED FO		SECURITY NO. 17.	INFORMANT	-/-	3104	Addr	res.		
(Tes, no. or unknown)	If yes, give wor or dates of	220 -/	18-3315 CL	ETUS E	BONM	AN	YEN Y	VIND-	SOR	MO
	TH [Entar anly ane c	ause per line for (a	), (b), ond (c).]	0				1	NTERVAL BE	TWEEN
PARI I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (	o) CARO	INOMA	CER	VIX				5-6	yre
17/1	DUE TO	)								1
Canditians, if a		b)								
gava risa to i causa (a), stating lying cause last.		GENERA	LITED C	ARMINE	MAT	05/5			241	es.
PART II. OTI	IER SIGNIFICANT CON	IDITIONS CONTRIB	UTING TO DEATH BU				CONDITION GIV	EN IN PART 10	1 19. WAS	AUTOPSY
ŪV.		Pill M	INARY	EDEM	D				PERFO	RMED?
PART II. OTI	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	ED. (Enter nature a	f injury in Po	ort 1 or Part I	l of item 1B.)		1.00	NO E		
		ar 204 INITION C	CCURRED 200 B	ACE OF INITION		Loor voi:				
Havr a. j.	1 Monin, Day, 16	While No	of while fo	ACE OF INJURY ( actory, street, affice	bldg., etc.)	20t. (City o	r tawn)	(Cour	ity)	(State)
			work 🔲			1				
	at I attended the	e deceased from					, 19	that I last	saw the	deceased
alive on	12-1-17		, and that death	accurred at		.M, from	the causes a	nd on the	date state	ed above
ACTUAL SIGNATURE	ma	C/11	Inbety	M.D/// /	V MI	DORESS (Stre	et, city ar tawn, s	State)	12/201	ATE SIGNED
PHYSICIAN'S NAME (Type)	Homas	$C, \gamma$	VE1357	ERI						
22a. BURIAL, CREMATIO	N, 226. DATE THERE	OF 22c. N	AME OF CEMETERY C	R CREMATORY		22d. LOCATIO	ON (City, Iown, o	r county)	(State	e)
REMOVAL (Specify)	12/22/3	59 P1	PE CRE	EK		61	9RROL.	L C0	on-	1)
23. FUNERAL DIRECTOR	S SIGNATURE	AL AL	DDRESS	e <sub>m</sub>		BY REGISTRA	AR 24b. REGIS	TRAR'S SIGNA	TURE	
NNYLAGI	Ilm of Sans	21 /10110	Minda	s. MA	DEC	28'59	Class	1 9 4	200	

TO HOSPITAL OR, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retain by the haspital or attending physician.

TO FUNERAL CH. CTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registror prior to burial, crematian, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

director,

ofter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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<b>ERTIFIC</b>	VIE C	プト レ	EAII	1

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L	1225/ CERTIFI	CATE OF DEATH Reg. Dist.	No.
1.	PLACE OF DEATH  o. COUNTY  Balltuilie  MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY Built	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)  RURAL (I WALL & /2 West Company)	11/2 06/02 1 01.	e nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS Rural	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Clark,	Brown 4. DATE Month OF DEATH DIC.	Doy Year 16 1959
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED COLORED WIDOWED DIVORCED	apr 1-1959 Solt birthday Months D	YEAR IF UNDER 24 HIS. oys Hours Min.
L	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	University Hospital	EN OF WHAT COUNTRY?
1	Welson Clark Brown	Martha Ellen Wende	V
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. no. or unknown) (If yes, give wor or dates of service)	Mrs. Halsen Brenn. Fallst.	in med
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	lumating Broncho-	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate (b)	monia	
7	couse (o), stoting the <u>under-</u> lying couse lost.  DUE TO  (c)		
CEPTIEICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED? YES NO
		JRRED. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. p. m. 19 While of work of work	e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	unty) (Stote)
	21. I certify that lattended the deceased from 2 and that deceased from 1959, and that de	eath occurred at 230 M, from the causes and on the	st saw the deceased date stated above
R	ACTUAL Rifford F. Thuds	ADDRESS (Street, city or town/state)	DATE SIGNED
	PHYSICIAN'S LIFFORD F.	HUDSON (	
	Burial, CREMATION, REMOVAL (Specify) Dec 1919 9 Jalerhan	le aux Benson	(Stote)
23	EUNICION SIGNATURE BLUSSA	DATE DEC 2 1 59 24b. REGISTRAR'S SIGN	OTUSE.

VS A15 (4) 15M 9/55

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VS. A15

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13355 CERTIFICATE OF DEATH

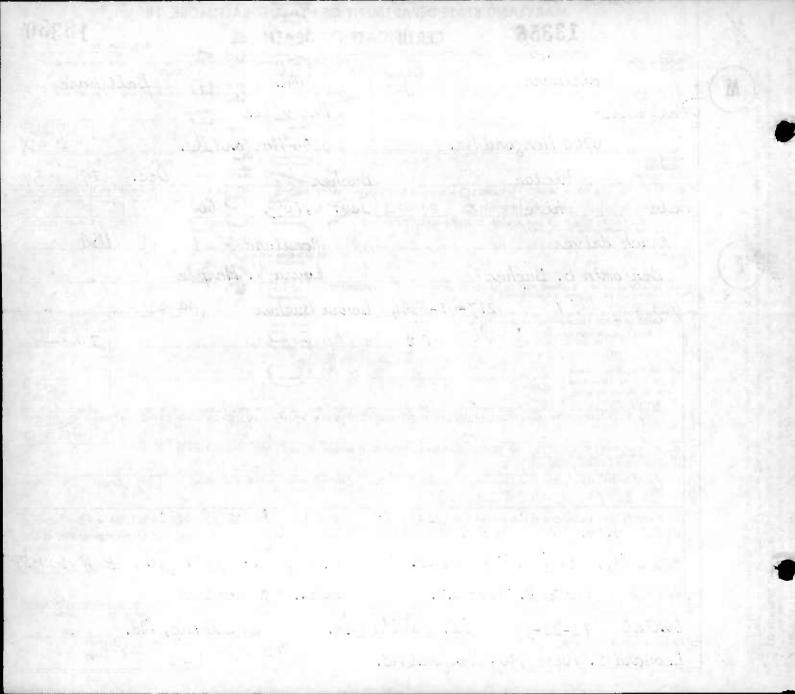
13329
Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	1
COUNTY Daltimore MARYLAND	STATE Tal. COUNT	& Sallmy
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate/limits, write RURAL and OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOX 273 Falls Fd.	STREET ADDRESS SX 273 Jules /	El.
3. NAME OF DECEASED: (Eirst) Herman Brown	(Last)  4. DATE (Month) (Day)  OF DEATH:	(Year) 19 5 9
5. SEX: S. COLOR OF RACE: 7. SINGLE, GARRIED, WIDOWED, DIVORCED, Cang. (Specify):	OF BIRTH:  9. AGE last birthday: If UNDER I YEA  12 1888 7/ yrs. Months Day	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: ales man	11. BIRTHPLACE (State or foreign country): 12. Cl	OUNTRY OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
_ Elias Herman Drown	Movence Haracas He	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service) 2/5-07-5771	Son, Elias Hermon B	vous 2
World Was 1 18. MEDICAL CERTIFICATI	ON	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ### Conditions directly Leading to Death  Immediate cause (a) Immediate (a)	a/ Infarriton 193	Onset And Death
Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause  (b)	Terosis die Yo	* gras
stating the underlying cause last. DUE TO	Jese Yie CV Dus	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No No
ZI. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	(COUNTY) (ST	CATE)
OF While at Not While INJURY Mr. Works At Works	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from CX	,1959, to Doc J , 1959, that I last s	
alive on 1000, 19 5 and that death occurred at	5	tated above.
Jester G. Orall /2 ms 103	39 Staul PT Baltimore	Ske 5 1914
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER REMOVEL (Specify) 12/8/1959 Druid Ridge	0.000	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Cemetery Pikesville, Mary	ADDRESS
PROGRESSOR R	llsworth Armacost-4600 Liberty	Hghts.Ave

VS A1S (4) 1SM 9/SB

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
13356	CERTIFICATE	OF DEATH	

20000	CERTIFICATE	OF DEATH	Reg. D	ist. No.
1. PLACE OF DEATH o. COUNTY  Baltimone	MARYLAND 2. USUA o. ST/	ATE Md	b. COUNTY	timono
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest tawn)	. LENGTH OF STAY IN 1b c. CIT	ry OR TOWN (If autside carpo	rote limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street odd OR INSTITUTION 8208 Harford	ress) d. ST	8208 Harton	d Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Victor	Middle Buch	Lost 4. DATE OF DEATH	Dec.	Day Year 19 19 59
s. sex male 6. COLOR OR RACE 7. MARRIED white WIDOWED	DI NEVER MARRIED   8. DATE OF PERSON   3. DATE	6,1893	9. AGE (In years lest birthdoy) Months yrs.	R 1 YEAR IF UNDER 24 HRS.  Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY 11. B	Manuland	ountry) 12. Cl	TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MO	THER'S MADEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)  We 1  217	CIAL SECURITY NO. INFORMAN		arple Address same	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  581.0  DUE TO		1 Lier		INTERVAL BETWEEN ONSET AND DEATH 3 MORALES
Canditians, if any, which gove rise to immediate couse (o), stoting the under-lying cause last.  Corrections (b) DUE TO (c) Part II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT RELA	STED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CON  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED. (Enter n	oture af injury in Port I or Por	t II of item 1B.)	YES NO
20c. TIME OF INJURY Manth, Doy, Year 20d. INJU While at wark	URY OCCURRED Nat while of work   20e. PLACE OF IN factory, stree	JURY (Hame, farm, 20f. (City office bldg., etc.)	ar town)	(Caunty) (Stote)
21. I certify that I attended the deceased olive on Dez 17, 195	from My , 19 9, and that death occurred M.D. &			ost saw the deceosed ne dote stoted obove.  DATE SIGNED  ## /1-21-5
PHYSICIAN'S Harold H. Burn:			ryland	
220. BURIAL, CREMATION. 22b. DATE THEREOF 12 PRINCIPLE 12	St. John's Cen	0 1	timore, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE  Leonard J. Ruck 5305 f	Harford Rd.	DEC 2 3 DATE	PAR 24b. REGISTRAR'S S	GRATURE Thank



M

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 332 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3331

Reg. Dist. No.

	PLACE OF DEATH a. COUNTY	Baltimo	re	MARYLAND		Mary]		d lived. If institu b. COUNT	tian: Residence y Balt:		
	b. CITY OR TOWN (IF ond give negret fown)	Dundal		c. LENGTH OF STAY IN 16		Town (If		rote limits, write	RURAL ond g	ive neores	it town)
	d. NAME OF HOSPITA Residence			spitol, give street oddress)	/d. STREET		Batt	le Gre	ve Rd.		IS RESIDENCE ON A FARM? S NO
	NAME OF DECEASED (Type or print)	Wal		Middle	Budny	Sr.	4. DATE OF DEATH	De C .		Day	Yeor 19 9
5. :	Male	6. COLOR OR RACE White	7. MARRI WIDOWE	D DIVORCED D			.894	AGE (In years	Months Do	EAR IF L	INDER 24 HRS.
100	during most of working	N (Give kind of work life, even if retired) NG T		KIND OF BUSINESS OR INDUST	RY 11. BIRTHP	-	or foreign cou	intry)		S.A	AT COUNTRY?
13.	FATHER'S NAME	Unknow	√n		14. MOTHER'S		nknewi	n			
15.  Ye:	. WAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give war ar dates of None	pervice)		Irs. Co	cili	a Budi	Address ny 7638	3 <b>01</b> d	Bati	tle G.
	PART I. DEATH	ale cause DUE TO		16, 16), (b), and (c).]	, 6	Pee	lees	1/4		INTERVAL BOOKSET AND	ETWIEN D DEATH THE COL
CERTIFICATION		SE WAS 20	DITIONS CO	ONTRIBUTING TO DEATH BUT N					EN IN PART I	(a) 19. W. PE YES [	RFORMED?
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Doy, Yea	While		CE OF INJURY officery, street, affice	(Home, form, e bldg., etc.)	20f. (City or	r town)	(Count)	y)	(State)
		at Took charge esulted from: 1		causés A. Accident [	_M.D. CHIEF /	MEDICAL EX	lomicide [		Inquiry rmined ma	nner [	and in my  J  FE SIGNED  S- ST
	BURIAL, CREMATION BENDYAL SPECIFY)	1. 22b. DATE THEREO		22c. NAME OF CEMETERY OR Holy Cross N	1 7 7	Jem.	22d. LOCATIO	on (City, town, o		(S Mo	itote)
3	ohn J. Di		Wise	Ave. 22, Md	e	240. REC'D	BY REGISTRA C 1 1 '59		TRAR'S SIGNA		

TO DEPUTY MENICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is pressary, please execute the ficose, writing the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral pictor. Poge 4 should be 12 worded to the Chief Medical Examiner's Office along with form PM3. Poge 5 may be retained and your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13332

e. IS RESIDENCE

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

YES 🔲

(County)

DATE DEC 1 4 '59

ON A FARM? YES NO

1959

Instant

PERFORMED?

DATE SIGNED

12/8/59

(Stote)

NOTE

(State)

Reg. Dist. No.

Day

Days

Months

VS. A15ME(S) 5M 9/55

CERTIFICATE OF DEATH		
	Daniel Bar	
Amid of assessment		

VS A15 (4) 1SM 10/57

_	
	No
•	4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13358

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	_					
1	1.	PLACE OF DEATH BALTIMONE DA COUNTY MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary	ere deceased lived. If institute b. COUNTY		ore admission)
)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Woodlawn	c. CITY OR TOWN (I) o	utside corporate limits, write l	RURAL ond give ne	arest town)
X	-	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS 5534 Clift			e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) LEROY M. Burch	TR last	4. DATE Mo OF DEATH /	2 2	2 1955
	S. :	6. COLOR OR RACE 7. MARRIED NIEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 1-19-18	9. AGE (In years last birthday)	Months Days	Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State	ar foreign country)		SA.
/	13.	Leroy M. Burch, Sr.	Mary C	Nalker.		
	15. (Y•	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	MRS Hile	hed Bure	dress 5534	Clifton
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  A	obstruction	0 +1	INTON	ERVAL BETWEEN SET AND DEATH
	7	Canditians, if ony, which gove rise to immediate couse (a), stoting the under-lying cause last.  (b) SOSI - UP EVO (c)   Column   Column	Convulsi	ins of the	neck.	
2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		NAL DISEASE CONDITION GI	VEN IN PART 1(0)	PERFORMED? YES NO
	CERTIF	206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Citizen noture of injury in F	ort I ar Part II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL While Not while for work at work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City or lawn)	(County)	(State)
1		21. I certify that I attended the deceased from	-, 1959, to /s occurred at 2 1	2-10-, 195 2M, from the causes of ADDRESS (Street, city or town,	and an the do	aw the decease steel above DATE SIGNE
2	220	NAME (Type)	R CREMATORY	22d. LOCATION (City, Iown,	or county)	(Stote)
1	_	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS	24a. REC'I	Elkridge  D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATU	Md •
1	9 (	Ohn T. Stansbury 6411 Windsor Mi	LI RD. PARCO	8 '59 0-11	. 9 4	

March A. C.						
		HIZE	ATE OF DE	01570.10	198881	
		Maria Maria	Day Bridge			TO STATE OF STATE
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13320 CERTIFICATE OF DEATH

	Keg. Dist. No						
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED						
COUNTY Baltimore MARYLAND	STATE Nd. COUNTY Baltimore						
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give neerest town)						
OR and give nearest town) TOWN Turners Station (In this place)	53 TOWN Turners Station						
HOSPITAL OR	STREET (If rural give location)						
institution or street address Box 6 Maryland Ave. # 22	Box 6 Maryland Ave. # 22.						
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)						
(Type or Print) JOHN FREDERICK	BURKHARDT OF DEATH Dec. 28. 19-59.						
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. D	DATE OF BIRTH   9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HR						
Male White Whowed, Divorced, (Specify) Married M	Tay 18, 1892 67 yrs. Months Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT						
done during most of working life, evan if retired Amer. Smeltℜ	ef. Baltimore, Md. COUNTRY? U.S.A.						
13. FATHER'S NAME	ef. Baltimore, Md. U.S.A.						
Charles Burkhardt	Florence Schneider						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL SECURITY N							
(Yes, no or unk.) (If Yes, give wer or deles of service)							
	Louise U. Burkhardt Same.						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH						
443× IMMEDIATE CAUSE (A) Cerebro Vais	entar accident 24 hour						
ANTECEDENT CAUSE(S) DUE TO 4	· 0 1/0 10 110 110						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	we coldiate 10 years						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE	hysema well letterna 20 year						
DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?						
	YES NO T						
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)						
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While M. at work at work	21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from	19 19 19 19 1, that I last saw the decease						
	ed at						
SIGNATURE	ADDRESS (Street, city, town, stafe) DATE SIGNE						
Att Morrison M.D	. 3 Kenship RN Bally 22 30 Nec 5						
	RY OR CREMATORY   LOCATION (City, town, or county) (State)						
	deemer Cem. 4430 Belair Rd. Balto.M						
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS						
DATE DEC 31 '59	Charles of Gesler BALTO: 24 MD.						
The state of the s	The state of the s						

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE DEC

TO HOSPITAL ATTENDING TO HOSPITAL BY THE HOSPITAL BY TO FUNERAL DIRECTOR: After page 3 shauld be detached

REMOVAL (Special

FUNERAL DIRECTOR'S S

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	1	3360 CI	ERTIFICATE O	DEATH	Reg. Dist. No.	13336
director	PLACE OF DEATH	to	MARYLAND 2. USUAL o. STATE	RESIDENCE (Where deceased liver	d. If institution: Residence before a b. COUNTY	idmission)
runeral rund be f	b. CITY OR TOWN (If outside RURAL and give nearest tow	corporate limits, write c. LENGTH C	F STAY IN 16 c. CITY	OR TOWN (If outside corporate I	mits, write RURAL and give nearest	town)
by d 2 sho	d. NAME OF HOSPITAL (IF not OR INSTITUTION 30	in hospital, give street oddress) 6 Grynndal	e Ave. 95	6 Brown's	1 10	S RESIDENCE ON A FARM? ES NO
filled in	NAME OF DECEASED (Type or print)	bba C.	Middle Carlso	Lost 4. DATE OF DEATH	Month Day Dec. 13	Yeor 1959
pletely ers. Pog	temale w	1 1 3 1111011112	IVORCED 1 June 2	9. A. 1. 1881	GE (In years IF UNDER I YEAR IF Months Days H	UNDER 24 HRS. ours Min.
ond cample on cample on cample.	House	kind of work done 10b. KIND OF BUSI even if retired)	ne	THPIACE (State or foreign country  Sweden	12. CITIZEN OF V	VHAT COUNTRY?
physician o move corbo	August was deceased ever in u. s	Hanson ARMED FORCES? 16. SOCIAL SECUI	A	er's maiden name	la Hanson	
ding ph	(If yes, give	wor or dates of service)	e miss La	ouis e Carls	Address	innelale
ine ded he offenc hen plec ent withi	PART I. DEATH WAS	cr only one couse per line for (a), (b), CAUSED BY: ATE CAUSE (a) DUE TO	eroma	- Signe	INTERVONSET 2	AL BETWEEN AND DEATH
ned by t ermit. T	Conditions, if any, whice gave rise to immediate	(b)				<i></i>
icion. consit p	lying cause last.  PART II. OTHER SIGN	(c)	TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE COI	VOITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY
ng phys ng phys e has b ouriol-tr emoval	20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS			ore of injury in Part 1 or Part 11 of	YE	S NO D
ottendin strifficati os the b on, or r	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJURY Month	EXAMINER)		RY (Hame, farm, 20f. (City or to		(State)
oital or r this c for use cremoti	Hour a. m. p. m.	19 While Not while at work at work		office bldg., etc.)		
the host DR: Afte stoched buriol,	alive an ef	ended the deceased from, 19.5.7, and	that death accurred		causes and an the date	stated above.
d be de prior to	ACTUAL SIGNATURE	v. Harp	e 10. 5	201 Levipe	e Cal Ga	DATE SIGNED
be retoi HERAL I 3 shoul	PHYSICIAN'S NAME (Type)  - BURIAL, CREMATION, 22b.	DATE THEREOF 120 NAME O	OF CEMETERY OF CREMATOR	Balko	7 mx	
moy be poge 3 the regi	REMOVAL (Specify)	117/59 ET	RIE CEMI	Y 22d. ŁÓCATION ETERY ER	(City, 14wn, ar county)  E  PENNS  24b, REGISTRAR'S SIGNATURE	YLVBN.
VS A15 (4) 15M 10/57	In T. Stansbu	cry 6411 Wind	sor M:11/10	DATE DEC 1 5 '59	Circhan S. Kraus	105.44

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

To all and	E AL CHOMPLANT			
		SECTIFICATE OF DEATH		
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	# 55 . + 4			
	Mark State States and Cold Association	Professional modernia	The state of the same	
		The value of the star of		

13337

13361

**CERTIFICATE OF DEATH** 

Dam Dink Ma

							1	Kal	J. DISI. 140.	
1	DE COUNTY Balt	timore		MARYLA		o. STATE Md.		COUNTY	esidence before	admissian)
	RURAL ond give	(If outside corporate limi nearest town) Onsville	ts, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If o		its, write RURAL	ond give neares	st town)
	d. NAME OF HOSE OR INSTITUTION Summit hu	rsing Home-9	8 Smi	thwood Ave.		d. STREET ADDRESS 5604 GW	ynn Oak A	ve.		IS RESIDENCE ON A FARM? (ES NO
3	NAME OF DECEASED (Type or print)	ANNA		Middle	C	ARRI CK	4. DATE OF DEATH	Month Dec.	15,	Year 19 59
	female	white	WIDOWED		A	ug. 31, 188	lost	(In years IF Ut birthdoy) Man 75 yrs.	NDER 1 YEAR IF	UNDER 24 HRS lours Min.
1	during mast of we	TON (Give kind of wark of arking life, even if retired) <b>SEWIFE</b>		at home	NDUSTRY	11. BIRTHPLACE (State	or foreign cauntry)	12	CITIZEN OF W	HAT COUNTRY
1	FATHER'S NAME	1 14 2 3			1	4. MOTHER'S MAIDEN N	AME			
	Unknoi					Unknown	- Trans.			
1	5. WAS DECEASED EN	VER IN U. S. ARMED FOR (If yes, give war or dates of se	CES? 16. So	OCIAL SECURITY NO.	INFO	RMANT		Address		
	no		21	4-12-4630	Mrs	. Pauline C	ollins -	5604 Gwy	rnn Oak	Ave.
		EATH [Enter only one ca EATH WAS CAUSED BY: IMMEDIATE CAUSE (o		for (o), (b), and (c).]	+ iv	Heart	- Fail	141		AL SETWEEN AND DEATH
	422, a	DUE TO		Atut	2 0	+ chron	ic			
	gove rise to cause (a), statin lying cause los	g the under-		Heart	D	issess.	Degeher	tive 7	y be	
TO THE PARTY OF TH	PART II. O	THER SIGNIFICANT CON		ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	NAL DISEASE COND	DITION GIVEN	4	WAS AUTOPSY PERFORMED? ES NO
		VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCC	URRED. (I	Enter noture of injury in I	Part I or Port II of it	em 18.)		
1401021	20c. TIME OF INJU Hour o. m p. m	. 10	While of work	Nat while	e. PLACE foctor	OF INJURY (Hame, farm, street, office bldg., etc	, 20f. (City or town	n) - <i>G</i>	(County)	(Stote
	21. I certify	that I attended the	decease		oath a	., 1957, ta_ccurred at /355 F	12/15/5	19,that	I last saw t	
	ACTUAL SIGNATURE	The	らか	Short	M.D	100	ADDRESS (Street, cit		o d	DATE SIGNED
	PHYSICIAN'S NAME (Type)	W.E	=. h	ic Grath		Cato	msyille	28 40	1.	1/3/2
2	20. BURIAL, CREMATI REMOVAL (Specif BUTIAL	22b. DATE THEREO	F	22c. NAME OF CEMETE Western		REMATORY	22d. LOCATION (C		inty) Md.	(State)
2	3. FUNERAL DIRECTO		4/	ADDRESS /	1	24a. REC'	D 8Y REGISTRAR	24b. REGISTRAR		
	3/NM 4	· Viaknes	- 4	sous - Iva	ell	1 MAD DATE D	EC 1 6 '59	Ci sta	of S. Kraw	A

TO HOSPITAL BY ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have lifer death. Page 4 may be returned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

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VS A15 (4) 15M 9/58

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

32

/	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	/
	o. COUNTY Baltimore MARYLAND	MARY LAND 6. COUNTY TALBOT	
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	Mt. Wilson	FASTON 2040-2	
2	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDE	NCE RM?
gh-	Mt. Wilson State Hospital	117 THOROGOOD YES N	0 23
	3. NAME OF First Middle	Last 4. DATE Manth Day Year	
	OFCEASED (Type or print) RUSSELL LEE	ARTER DEATH /2 - // - 19.	59
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 lost birthdoy)  Months Days Hours	
	MALE COLORED WIDOWED DIVORCED	4-12-29 30 yrs. Manths Days Hours	Min.
1	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	UNTRY?
)	UPHOLSTER UPHOLSTERING	MARYLAND U.S. A	
/	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	JAMES CARTER	MINNIF SIFT	
		FORMANT Address	
	(Yes, no. or unknown) (If yes, give wor or dates of service) 2/8-20-84-92 Hos	spital Records, Mt. Wilson State Hospital	,
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETW	EEN
	PART I. DEATH WAS CAUSED BY: ABSCESS	OF LUNG ONSET AND DE	ATH
	521X DUE TO		
	Canditians, if any, which )	7 wee	100
	gove fise to immediate	/ wee	103
	cause (a), stating the under.		
	lying cause lost. (c)		
6	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT	
de	5 Newngules		0
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter nature of injury in Part I or Part II of item 18.)	
	A Haur a.m. While Not while fac	ICE OF INJURY (Home, farm, 20f. (City or town) (Caunty) tary, street, office bldg., etc.)!	(State)
	p. m. 19 at work at wark		
	21. I certify that I attended the deceased from 12-	-, 19:57, to 12-11-, 1959, that I last saw the de	ceased
	alive an /2 -/0 - 1959, and that death	accurred at 5. A.M. from the causes and an the date stated	
	The state of the s		SIGNED
	ACTUAL PARTIE OF THE PARTIE OF	Wt Wilson Manuford / 9 - //	50
1	SIGNATURE	A.D. Mile Wilson, Maryland	2.4
1	PHYSICIAN'S	C	
	NAME (Type) William Newcomer, M.D.	Superintendent	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	CREMATORY 22d. IOCATION (City, tawn, or caunty) (Stote)	1
	Burney offer 16 1937 ramen &	sine waster ma	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	1-50
	Tilling or men of which have	mol- DATE DEC 15 159 Command 2. Tours	

TO HOSPITAL OF ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retain by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director. page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

In St. Malantage as Committee	TE OF DEATH CT	ADHITED		
	THE R. P. LEWIS CO., LANSING		à	
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			or calculate the state of	
The No. 1 High Lift Lift Lift Lift Lift Lift Lift Lift			e san e a vena de san entre parte qu	
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Control of the Contro				

VS A15 (4) 15M 9/5B

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 -

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 3339

1. PLACE OF DEATH a. COUNTY Baltimon	e		MARYLAND	- CTATE	NCE (Where deceder ryland	sed lived. If institu b. COUNT		before odmi	ssian)
Fort How	ard		ength of stay in 16 2 days		WN (If outside car)	257	RURAL and giv	,	vn)
OR INSTITUTION	TAL (If nat in haspitol, g  Administra			d. STREET ADD	oress 5 Orchard	d Avenue		ON	A FARM?
3. NAME OF DECEASED (Type ar print)	Fir HU(		Middle 0.	CARY	4. DATE OF DEAT		ecember	Doy 31	Year 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [ WIDOWED [	NEVER MARRIED		1908	9. AGE (In year lost birthday	) Manths D	YEAR IF UNI	_
10a. USUAL OCCUPATI during mast af wa <b>Assistant</b> 13. FATHER'S NAME	king life, even it retired	)	of Business or Indu		andria,		12. CITIZE	U.S.A	
Edward L	Cary		<b>3</b>	Mar	y Cary			Tier	
15. WAS DECEASED EV (Yes, no, or unknown) Yes	ER IN U. S. ARMED FOR (If yes, give wor or dates of s			INFORMANT Lin.Rec.Ve	t.Adm.Ho		Md. Ft.	Howard	d Div.
	ATH [Enter anly one ca ATH WAS CAUSED BY: IMMEDIATE CAUSE (a	ACUT:	E HEMORRHAG	C PANCREA	TITIS			UNKN	D DEATH
Canditians, if a gave rise to cause (a), stating lying cause last	the <u>under-</u>	K EDEM		NGS				UNKN	
CATIC		DITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO T	HE TERMINAL DISEA	ASE CONDITION G	GIVEN IN PART 1	PERF	ORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter noture af i	njury in Part I ar P	art II af item 1B.)			
20c. TIME OF INJU Havr a. m. p. m.	RY Month, Doy, Yes	or 20d. INJUR While of work	Nat while fo	LACE OF INJURY (Ho actory, street, office b	me, farm, 20f. (C ldg., etc.)	ity ar town)	(Co	unty)	(State)
21. I certify t	nat <b>VA</b> attended the	deceased f	ram December	29, 1959,	toDecembe:	r 31 , 155	, Happas	<b>GBB</b>	Teesse.
ACTUAL SIGNATURE	miel a	- 2	and that deat			(Street, city ar taw	n, state)		ed abave. ATE SIGNED 1/60
PHYSICIAN'S T	ANIEL A. NI	EVES		VAH.	BALTO.M	D. FT HOW	VARD DIV	7	
220. BURIAL, CREMATIC REMOVAL (Specify Burial		50 20	Baltimore N			timore, I		(St	ate)
23. FUNERAL DIRECTOR	's signature	1 Home.	ADDRESS 6009 Harfo		4a. REC'D BY REGI	STRAR 24b. REC	GISTRAR'S SIGN		

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VS A15 (4) 15M 9/5B

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13374 CERTIFICATE OF DEATH

Reg. Dist. No. 13340

	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Whe		on: Residence before admission)
1	Baltimore	MARYLAND	Marylan Marylan	b. COUNTY	<b>√</b>
	<ul> <li>b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest tawn)</li> </ul>			utside carporate limits, write RU	JRAL and give nearest town)
	Fort Howard	57 Days	Baltim	ore 3	V01-4
	d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	reet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Veterans Administration	n Hospital	509 N. Ke	nwood Avenue	YES NO
	3. NAME OF First DECEASED	Middle	Last	4. DATE Mont	
	(Type ar print) JAMES	L.	CHARVAT	DECEMBI	
		AARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
	Male White WID	OWED DIVORCED	10/27/11	48 yrs.	Monnis Days Hours Min.
	10a. USUAL OCCUPATION (Give kind af wark dane during most af working life, even if retired)	10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State of	r fareign country)	12. CITIZEN OF WHAT COUNTRY?
	Off Set Pressman	Lithographing Co	Baltimore,	Maryland	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
1	John J. Charvat		Cather	rine Duval	
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dotes of service)	16. SOCIAL SECURITY NO. II	NFORMANT	Addr	ess
-	Yes WW II	212-01-25h9 C1	in.Rec.VAH,Bal	to., Md. Fort	Howard Division
	1B. CAUSE OF DEATH [Enter only one couse p	er line far (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CA	ARCINOMA PANCREAS	WITH METASTA	SIS TO STOMACI	H. 2 MONTHS
		ADRENALS, SPINE A			
	Canditians, if any, which ) (b)				
	gove rise to immediate DUE TO				
	lying cause lost. (c)				
	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	ALDISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY
1	3 ARTERIOSCLEROTIC CARDIO	OVASCULAR DISEASE			
	- The state of the	DESCRIBE HOW INJURY OCCURRE			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
		od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City ar tawn)	(County) (State)
	Hour a. m. p. m. 19 at	/hile Not while wark of work	ctary, street, affice bldg., etc.)		
	21. I certify that / affended the dec	eased from October	16 1959 to De	cember 72 1950	that I last most be sleeped
	Xiliveropococcoccoccoccocci				
	0	/ and mar deam		ADDRESS (Street, city ar tawn,	
	ACTUAL SIGNATURE	ood	WE WAH BATTO M	D.FORT HOWARD	DIVISION
B		*/	M.U. VALIGUALITY	DECIT TOWARD	-DCA-CDT/01/4
	PHYSICIAN'S T.R. HOOD, M.D.	•	VAH, BALTO, M	D.FORT HOWARD	DIVISION 12/13/59
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, o	ar county) (State)
	REMOVAL (Specify) 12-17-5	Baltimore Nat:	ional	Baltimore,	Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g PEC'D	BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE
	Wm. Cook-Blight. Inc.	6009 Harford R	vland DATE	C 1 6 '59 CL	Thung S. Track

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13365

### **CERTIFICATE OF DEATH**

13342

Reg. Dist. No.

	PLACE OF DEATH D. COUNTY	Baltimore	2	MAR	<b>CLAND</b>	2. USUAL RESID	Md.	re deceased l	ived. If institution b. COUNTY	Bal	before a	dmission)
	RURAL ond give r			c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (IF our		te limits, write R	URAL ond giv	e nearest	town)
	d. NAME OF HOSP OR INSTITUTION	Armacost	,	11		d. STREET A	DDRESS		ere Av	e.		S RESIDENCE ON A FARM? ES NO 🔯
1	NAME OF DECEASED (Type or print)	ollie) Ma		Middle	(	lark		4. DATE OF DEATH	Dec		14	Yeor 19 5 9
5. 9	emale	6. COLOR OR RACE	9. MARRIE	NEVER MARRI		12-29	0	9.	AGE (In years lost by thdoy) O yrs.			UNDER 24 HRS ours Min.
98	. USUAL OCCUPATI during most of wo	ION (Give kind of work of rking life, even if retired	dane 10b. Kl	IND OF BUSINESS C	OR INDU	Me	rryla	nd	ntry)	12. CITIZE	SA	HAT COUNTRY
3.	father's NAME Jose	ph O'Brie	2			14. MOTHER'S	MANDEN NA	AME	Hopper			
	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		OCIAL SECURITY NO	). I	NFORMANT Willard	1 R.	Clark	Add	same		
	The state of the state of	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		for (o), (b), and (c)	]	fosis	/				ONSET	AL BETWEEN AND DEATH
	Conditions, if		ax	Pens Cere	cin	oud of	1 st	omo	ch (r	morel	12	yr
z	cause (o), stating lying couse last	the under- DUE TO	no	24.5, 195	8)	I NOT BELATED TO	THETERMIN	IAI DISEASE	CONDITION GIV	FN IN PART 1	1(0) 19. V	WAS AUTOPSY
CERTIFICATION											' P	ERFORMED?
	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY C	OCCURRE	D. (Enter nature o	f injury in Pe	ort I or Port I	l of item 18.)			
MEDICAL	20c. TIME OF INJU Haur o. m. p. m.	10	While of work	Not while		ACE OF INJURY (I ctory, street, office			or town)	(Co	unty)	(Stote
		that I attended the	decease		Det	54, 19 accurred at	, ta		14, 1959			
	alive an	R	07	of and that	death		A		et, city on town,		aare sr	DATE SIGNE
	ACTUAL SIGNATURE PHYSICIAN'S	FREDERICI	you !	louryet		M.D	00	jarn	Mack	MENOT	- ny	1.45/15
220	BURIAL, CREMATI	ON, 22b. DATE THEREC		22c. NAME OF CEM		1 /	m.	^	ON (City, town,	/// /		(State)
23.	FUNERAL DIRECTO		7	ADDRESS		mun (e	24a. REC'D	BY REGISTR.	AR 24b. REGI	STRAR'S SIGN		
	Leonard	J. Ruck	5305	Harford	Rd	1 - 2	DATEDEC	1 7 '59	an	Shun S. A	trans	

funeral directar, the attending physician and campletely filled in by Then please remove corbon papers. vent within 72 haurs often death. may be retail, by the Höspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached far use os the burial-transit by the hospital ar attending physician. the registror prior ta burial, cremation, or remavol, VS A1S (4) 15M 9/SB

TENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haur

death. Poge

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TO BE	ter til segen visk strengen.  Menset 12-17-59 se terhodied (en. beddingende del.	
	Legistic Care Star Star Star Star Star Star Star Star	

ofter death, Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3366 CERTIFICATE OF DEATH

13366

Reg. Dist. No.

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TO HOSPITAL per All tennoling the form of the form of the form of the filled in the funeral director, and be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove peakon papers. Pages 1 and 2 should be friend within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL VS A15 (4) 15M 9/55

b. CITY OR FOWN (If outside corporate limits, write RURAL on give ancestal twent)  Qat Ontorville  20th 7mth2ldy  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  d. STREET ADDRESS  2012 Robb Street  3. NAME OF HOSPITAL (If not in hospital, give street oddress)  JAME OF HOSPITAL (If not in hospital, give street oddress)  3. NAME OF HOSPITAL (If not in hospital, give street oddress)  3. NAME OF HOSPITAL (If not in hospital, give street oddress)  3. NAME OF HOSPITAL (If not in hospital, give street oddress)  3. NAME OF HOSPITAL (If not in hospital, give street oddress)  3. NAME OF HOSPITAL (If not in hospital, give street oddress)  3. NAME OF HOSPITAL (If not in hospital, give street oddress)  3. NAME OF HOSPITAL (If not in hospital, give street oddress)  3. NAME OF HOSPITAL (If not in hospital, give street oddress)  4. DATE Month PART (Clayton)  3. NAME OF HOSPITAL (If not in hospital, give street oddress)  3. NAME OF HOSPITAL (If not in hospital, give street oddress)  3. NAME OF HOSPITAL (If not in hospital, give street oddress)  3. NAME OF HOSPITAL (If not in hospital, give street oddress)  4. DATE Month PART (If not in hospital, give street oddress)  10. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY (II. BIRTHPLACE (State or foreign country) Marryland  10. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY (II. BIRTHPLACE (State or foreign country) Marryland  11. AMOTHEE'S MAIDEN NAME  JOHN F. Clayton  12. HATTER'S NAME  JOHN F. Clayton  13. WAS DECEASED EVE IN U. S. ARNED FORCES? (I6. SOCIAL SECURITY NO. IV. INFORMANT  Address Marryland  14. MOTHEE'S MAIDEN NAME  Sarah DeMoss  15. SEX SECERSED EVE IN U. S. ARNED FORCES? (I6. SOCIAL SECURITY NO. IV. INFORMANT  Address Marryland (True, give work oddress)  16. CAUSE OF DEATH (Enter only one cause per fine for (o), (b), and (c). Information of the terminal disease Condition Given in P. PART I. DEATH WAS CAUSED BY  18. CAUSE OF DEATH (Enter only one cause per fine for (o), (b), and (c). Informat								
RURAL and give neorest fown)  Gatonsville  d. NAME OF HOSPITAL (If not in hospital, give street dedress) OR INSTITUTION  SPRING CROVE STATE HOSPITAL  3. NAME OF HOSPITAL (If not in hospital, give street dedress) OR INSTITUTION  SPRING CROVE STATE HOSPITAL  2012 Robb Street  SPRING CROVE STATE HOSPITAL  3. NAME OF HOSPITAL (If not in hospital, give street dedress) OR INSTITUTION  SPRING CROVE STATE HOSPITAL  3. NAME OF HOSPITAL (If not in hospital, give street dedress) OR INSTITUTION  SPRING CROVE STATE HOSPITAL  3. NAME OF HOSPITAL (If not in hospital, give street dedress) OR INSTITUTION  S. DATE OF BRITH OR DEATH December  100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY (II. BIRTHPLACE (Stote or foreign country) Maryland  11. AMOTHER'S MAINE  JOHN F. Clayton  12. TATHER'S MANNE  JOHN F. Clayton  13. FATHER'S MANNE  JOHN F. Clayton  14. MOTHER'S MAINE  JOHN F. Clayton  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Id. SOCIAL SECURITY NO. IV. INFORMANT  WINKOWN  18. CAUSE OF DEATH (Enter only one coure per line for (o). (b). ond (c).)  PART I. DEATH WAS CAUSED BY  JOHN F. CLAYSE OF DEATH (Inter only one coure per line for (o). (b). ond (c).)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.  200. ACCIDENT WAS UNDERLYING DEATH (INTERNATION DO). CONTENDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.  200. ACCIDENT WAS UNDERLYING DEADS OF DEATH (INTERNATION DO). TOWN (INTERNATION DO). TOWN (INTERNATION DO). CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.  200. CROSS OF DEATH (INTERNATION DEATH MORE). DO). TOWN (INTERNATION DO). SPRING GROVE STATE HOSFT  ACTUAL MARKETON DO TOWN (INTERNATION DO). TOWN (INTERNATION DO). TOWN (INTERNATION DO). TOWN			MARYLAND	a. STATE			Residence before Baltimo	
Catonsville  O. NAME OF DECERTACE PROVE  STATE HOSPITAL  3. NAME OF DECERTAGE OF STATE HOSPITAL  3. NAME OF DECERTAGE OF OVER STATE HOSPITAL  3. NAME OF DECETAGE OF OVER STATE HOSPITAL  4. DATE OF BIRTH  OCTODER 17, 1865  100- USUAL OCCUPATION (Give kind of work done) 100- KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Maryland  100- USUAL OCCUPATION (Give kind of work done) 100- KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Maryland  101- MOTHER'S MANDEN NAME  JOHN F. Clayton  11. MOTHER'S MAIDEN NAME  JOHN F. Clayton  12. NAMEDIATE MAIDEN NAME  JOHN F. Clayton  13. FATHER'S MANE  JOHN F. Clayton  14. MOTHER'S MAIDEN NAME  JOHN F. Clayton  15. WAS DECEASEDEVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT  RECORDS: SPRING GROVE STATE HOSPITAL  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MINEDIATE CAUSE (o)  DUE TO  Conditions, if any, which  gove rise to immediate cause (o), and	CITY OR TOWN	'N (If outside corporate limits,	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate l'	mits, write RUI	RAL and give ned	arest lawn)
OR INSTITUTION SPRING GROVE STATE HOSPITAL 2012 Robb Street  3. NAME OF DECEASED (Type or print)  3. NAME OF DECEASED (Type or print)  5. SEX			26r 7mth21dy	5 Baltime	(1)	-	3 VO1-	4
SPRING GROVE STATE HOSPITAL  2012 Robb Street  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED Septivorice  Wildle W			e street oddress)					e. IS RESIDENCE ON A FARM?
December    Clayton   Death   December			HOSPITAL	2012 Robb	Street			YES NO
male white widowcord   October 1.7, 1865   St. yr.   Maryland   100. USUAL OCCUPATION (Give kind of work done)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)   Maryland   12.   Maryland   13.   MARTHER'S NAME   Sarah DeMos S   15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Records: SPRING GROVE STATE   H.   MARTHER'S MAIDEN NAME   Sarah DeMos S   15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Records: SPRING GROVE STATE   H.   MARTHER'S MAIDEN NAME   MARTHER'S NAME (Type)   MARTHER'S MA	ECEASED				4. DATE OF DEATH			2 19 59
Male winite widowed Sep Divorced October 17, 1865 St. w. Month of the service of	X	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. A	SE (In years		IF UNDER 24 HRS.
10. USUAL OCCUPATION (Give kind of work done direction) underlying most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland 12. I Arther's NAME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Records: SPRING GROVE STATE H.  18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) IMMEDIATE CAU	ale			October 17,	1865 "	94 yrs.	Months Days	Hours Min.
John F. Clayton  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address Unknown) (If yes, give wor or dotte of service) Unknown Records: SPRING GROVE STATE H.  18. CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MOCCORD DUE TO  Conditions, if any, which gave rise to immediate cause (a), stoling the under lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.  20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.  20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.  20. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Internative of injury in Part I or Part II of item 18.)  20. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Index) of work of street, office bidg., etc.)  21. I certify that I attended the deceased fram Dec. 11 , 19.59, ta 201. (City or town) work of work of work of work of work of street, office bidg., etc.)  21. I certify that I attended the deceased fram Dec. 11 , 19.59, ta 201. (City or town) ADDRESS (Street, city or town, stote) SPRING GROVE STATE HOSPT.  ACTUAL SIGNATURE AND ADDRESS (Street, city or town, stote) NAME (Type)	farme		ne 10b. KIND OF BUSINESS OR INDU	Marylan	na .	)	U. S.	A .
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address (17. INFORMANT (17. INFORMANT RECORDS: SPRING GROVE STATE HE UNKnown)  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate cause (o), stoling the under:  Iying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.  20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. TIME OF INJURY Month, Day, Year While Draw or or date of the deceased from Dec. 11. 19.59., to Dec. 12. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19								
(1 yes, give war or date of service)   Unknown   Records: SPRING GROVE STATE   He   Not while of work of the property of the					an Derios			
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate cause (o), stoling the under. lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.  20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.  20. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (FEITHER, NOTIFY MEDICAL EXAMINER)  20. TIME OF INJURY Month, Day, Year While of work of		EVER IN U. S. ARMED FORCE (If yes, give war or dates of servi	ice)		CDOIIE			TAT
PART 1. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)   MOCCODATION	nkn own		Unknown Rec	cords: SPRING	i GHOVE	STATE	HOSPIT	AL
20c. TIME OF INJURY Month, Day, Year Month, Day, Year Not while at work at wor	1420.1 Conditions, if gave rise to cause (o), statin	IMMEDIATE CAUSE (a)  DUE TO  if any, which o immediate ting the under-	Proceeded In Frenery Occh Asterioscleroti	faretion usjon c lardiaus	sculox	Dise	as E_	Ist here
20c. TIME OF INJURY Month, Day, Year Not while of work							N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
21. I certify that I attended the deceased fram Dec. 11 , 1959, to Dec. 12, 1957, that alive on Dec. 1, 1959, and that death accurred at AM, from the causes and an ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE SIGNATURE AND SPRING GROVE STATE HOSPI  PHYSICIAN'S NAME (Type)  Catonsville 28, Maryland	20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIC	TWAS UNDERLYING   20 TING   CAUSE OF DEATH TIFY MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Part I or Port II of	item 18.)		
alive on Dec 11, 1959, and that death accurred at 11 A AM, from the causes and an ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE PLANARY OF STATE HOSPI  PHYSICIAN'S NAME (Type)  Catonsville 28, Maryland	Hour a. m	m. 10	While Not while fo	LACE OF INJURY (Home, farm actory, street, office bldg., etc	n, 20f. (City or to	wn)	(County)	(State)
	actual signature	that I attended the de Dec. 11	and I	M.D. SPRING GI	ADDRESS (Street, ROVE ST	causes and city or town, st	d an the da	
22g, RURIAL CREMATION   72h, DATE IMEREOF   122c NAME OF CEMETERY OF CREMATORY   122d LOCATION (City town or count		ATION, 22b, DATE THEREOF	22c, NAME OF CEMETERY C	OR CREMATORY	22d LOCATION	City town or	county)	(State)
226. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or count, removal (Special) 12/11/59 Fork Methodist Cemetery Fork, Maryland	REMOVAL (Specia							(31010)
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24a. REC'D BY REGISTRAR 24b. REGISTRAR'S  LASSAhn Funeral House Baltimore 6. Md  DATE	T and the state of		ADDRESS	24a. REC'	1			RE

HARMSTO COOK RESERVE ATTENDED THE ADMINISTRATION OF PERSONS AND ADMINISTRATION OF STATE THE OWNER WHEN THE WHEN COME . . . THE SECOND HIS DAY OF THE PROPERTY OF THE PARTY OF THE PARTY. IN the William of Control and Control of the Control of the Control of Contro THE RESERVE AND THE PARTY OF TH The same of the sa

	12200	CATE OF DEATH Reg. Dist. No. 13344
	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE Md. Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Parkville
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 2713 Waldor Drive	1 STREET ADDRESS ON A FARM?  2113 WALDOR DRIVE YES NO ST
100	3. NAME OF DECEASED (Type or print) Shamble	COLE 4. DATE Month Day Year DEC. 3 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   In years   If UNDER 1 YEAR IF UNDER 24 HRS.   In years   If UNDER 1 YEAR IF UNDER 24 HRS.   In years   If UNDER 1 YEAR IF UNDER 24 HRS.   In years   If UNDER 1 YEAR IF UNDER 24 HRS.   If UNDER 1 YEAR IF UNDER 24 HRS.   In years   If UNDER 1 YEAR IF UNDER 24 HRS.   If UNDER 1 YEAR
Ī	10a. USUAL OCCUPATION (Give kind of work done during flost of working life, even if retired)  machinest	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY  Maruland 115A
1	13. FATHER'S NAME	14. MOTHER MAIDEN NAME
	To. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Winitred Trutter same
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  (b)  DUE TO  Lying couse lost.	Card La Vagas AN DIS CARA INTERVAL BETWEEN ONSET AND DEATH
	ICATIC	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o. m.  p. m. 19 While Not while of work of work 10 of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (County) (Stote)
/	ACTUAL SIGNATURE AND SIGNATURE PHYSICIAN'S NAME (Type)	th accurred of 1 A M, fram the causes and an the date stated above ADDRESS (Street, city or town, state)  M.D
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY Baltimor	e, Cemetery Baltimore, Md.
ľ	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard J. Ruck 5305 Hartord Rd	240. ŘEC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE DEC 7 '59 CIVILING & Frank

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VS A15 (4) 1SM 10/S7

	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
13368	CERTIFICATE	OF	DEATH	R

## **CERTIFICATE OF DEATH**

-										N	teg. Dist.	. No.		
1.	o. COUNTY	Baltimore		MARYLA	AND	2. USUAL RESIDEN o. STATE	ryla		b. COU	titution:	Residence			2/
	b. CITY OR TOWN	If outside carporate limit	s, write	c. LENGTH OF STAY IN	l lb	c. CITY OR TO		9	ate limits, wri	ite RUR				
L	RURAL and give r			3yrlOmth8	dy			gton,				16 X	- 2	
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	ive street	address)		d. STREET ADD	RESS				9	e.	IS RESI	DENCE
L	-	ROVE STATE	НО	SPIT AL		3112 Par	kway	Terra	ce				ON A	NO
3.	NAME OF DECEASED (Type or print)	Nelli		Middle Nancy		Loss Colegrove		4. DATE OF DEATH	1500	Month EC.		Day		ear 9.54
S	. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		B. DATE OF BIRTH	**		9. AGE (In ye		UNDER 1	YEAR		- /
	female	white	WIDOWI	EDX DIVORCED		Dec. 20,		6	93		Aanths D	ays H	laurs	Min.
10	Oa. USUAL OCCUPATI during most of war	ON (Give kind af wark o king life, even if retired)	lane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLAC	E (State o	ar fareign ca	untry)		12. CITIZ	EN OF	WHAT	COUNTRY?
L	schoolt	eacher						vania			U.	S.	Α.	
13	3. FATHER'S NAME	a D				14. MOTHER'S MA								
L		C. Bromwel	_				cca	Gilman	1					
10	Yes, no, or unknown)	ER IN U. S. ARMED FORG	CES? 16.	SOCIAL SECURITY NO.	17. 18	FORMANT				Address		Title		
1	nknown	ATH [Enter only one co		Unka own	R	ecords:	SPRI	NG GF	ROVE S	TAT	E HO	OSPIT	AL	
CERTIFICATION	Canditions, if a gove rise to cause (a), stating lying cause last.	the under- DUE TO  (c)  the SIGNIFICANT CONI	DITIONS C	SENTERAL CONTRIBUTING TO DEAT							IN PART 1		WAS A PERFOR	UTOPSY
MEDICAL CERTIF		MEDICAL EXAMINER) RY Month, Day, Yea	r 20d. If	Nat while	Oe. PLA	CE OF INJURY (Honlary, street, affice bl	ne, form,	20f. (City		)	(Co	unty)		(State)
W		nat I attended the		ed from JUY	leath	occurred at 2	J/5/A G GI	M, from	the cause eet, city or to STATE	es and wn. sta HO	d an the te) SPITA	date	state	deceased d abave, TE SIGNED
2	REMOVAL (Specify)	22b. DATE THEREO	-9	22c. NAME OF CEMETE	ERY OF	CREMATORY S. Nove			ON (City, tow				(State)	)
23	FUNERAL DIRECTOR	S SIGNATURE	S	ADDRESS Base	Cho	10	o. REC'D	BY REGISTA		EGISTR	AR'S SIGN	ATURE France		
	DITTER	EN IUN	ERA	THOME										

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# may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 Maurs Ofter death.

TO HOSPITAL

VS A1S (4) 1SM 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13369 **CERTIFICATE OF DEATH** 

a. COUNTY Balt	imore		MARY	LAND	2. USUAL RESIDENCE (*) o. STATE Maryl		ed lived. If institut b. COUNTY		befare adm	issian)
b. CITY OR TOWN ( RURAL and give n	If outside corporate limit earest tawn)	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (I	f autside corp	orote limits, write I	RURAL ond giv	e nearest ta	wn)
d. NAME OF HOSPI	TAL (If not in hospital, gi	ve street			d. STREET ADDRESS	ore		01-9	e. tS R	ESIDENCE
OR INSTITUTION Veterans	Administra	tion	Hospital		1208 McI	lderry	Court			A FARM?
3. NAME OF DECEASED (Type or print)	Firs FRANK	t	Middle		Lost COLLETT	4. DATE OF DEATI	Мо		Day 6	Year 19 59
i. SEX			IED NEVER MARRIE	оПВ	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UN	
Male		WIDOWE		_	May 29, 19	18	last birthday)	Manths D	oys Haur	s Min.
a. USUAL OCCUPATH	ON (Give kind of work d king life, even if retired)	one 10b.	KIND OF BUSINESS OF	R INDUS			country)	12. CITIZE	N OF WHAT	COUNTRY?
BARBER	king life, even it refired)		Barber Shop	)	Baltimo	re, Ma	ryland	U	SA	
B. FATHER'S NAME			No. 15.		14. MOTHER'S MAIDEN	NAME				
Herbert	Collett				Rebecca	Pratt				
S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORG		SOCIAL SECURITY NO.	IN	FORMANT		Add	dress	Divi	sion
Yes	II	2	20-01-6763	C1:	n.Rec.Vet.A	dm. Hos	spitalBal	to 18,1	Id Ft.	Howard
331 X Conditions, if a gove rise to cause (o), stoting lying couse lost,	the under-			e ri	HT FRONTAL					NOWN
	HER SIGNIFICANT COND					MINAL DISEA	SE CONDITION GI	VEN IN PART 1	PERI	S AUTOPSY FORMED?
20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	(Enter nature of injury	n Port I ar Pe	art II af item 18.)			
20c. TIME OF INJUI Hour o.m. p. m.	RY Manth, Doy, Yea	While	NJURY OCCURRED  Nat while at work		CE OF INJURY (Hame, for ory, street, office bldg.,		ty ar tawn)	(Ca	unty)	(Stote)
	not battended the									
ACTUAL SIGNATURE	-fin W.C	nai	rford		occurred at 1:00	ADDRESS	Street, city ar tawn	, stote)		ed obove ATE SIGNED 2/7/59
	JOHN W. CRA		D, M.D.		VAH Balt	0 18,M	d. Ft Hov	vard Di	v. ]	2/7/5
22a. BURIAL, CREMATIC REMOVAL (Specify Burial	226. DATE THEREO	1959	22c. NAME OF CEME Baltimor				imore, Ma			ote)
3. FUNERAL DIRECTOR	'S SIGNATURE	100	ADDRESS			C'D BY REGI		ISTRAR'S SIGN		
	S Phillin	200	00 at Manage	C+	Baltol7,998	DEC 1	4 '59	arthur &	04.	

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# 13370

### **CERTIFICATE OF DEATH**

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14353 Reg. Dist. No.

b. CITY OR TOWN (If contide corporate limin, write RUBAL and give nearest flown)  Wood Lawn  Anna	1.	PLACE OF DEATH o. COUNTY	Balte.		MAR	YLAND	2. USUAL RESIDENCE OF STATE	E (Where o	deceased liv	ved. If institut b. COUNTY		dence befo		iion)
d. NAME OF HOSPITAL (If not in hospital give street oddress)  Dogwood Road (Quaker Hill)  3. NAME OF BOSPITACH (If not in hospital give street oddress)  Dogwood Road (Quaker Hill)  3. NAME OF BOSPITACH (If not in hospital give street oddress)  Dogwood Road (Quaker Hill)  3. NAME OF BOSPITACH (In the intervent oddress)  Dogwood Road (Quaker Hill)  3. NAME OF BOSPITACH (In the intervent oddress)  Dogwood Road (Quaker Hill)  3. NAME OF BOSPITACH (In the intervent oddress)  Dogwood Road (Quaker Hill)  Doy Veor Dogwood Road (Quaker Hill)  3. NAME OF BOSPITACH (In the intervent oddress)  Dogwood Road (Quaker Hill)  Doy Veor Dogwood Road (Quaker Hill)  Doy Veor Dogwood Road (Quaker Hill)  Doy Veor Dogwood Road (Quaker Hill)  Doy None (In the intervent odd land the intervent oddress oddress)  Doy None (In the intervent oddress)  Down In the Intervent oddress		RURAL ond give ne		ts, wrile		IN 1b						nd give ne	arest tow	1)
2. NAME OF DECEASID (Type or print)  Annua  G. Crawford		d. NAME OF HOSPITA OR INSTITUTION			oddress)		d. STREET ADDRI	ESS					ON	FARM?
(S) SEX    COLOID OR RACE   NAMERIED   NEWS MANNING   D. DATE OF BIRTH   D. AGE (In your   EUNDER 21 HERE)   D. AGE (In your   EUNDER 11 H	3.	NAME OF DECEASED				1	Lost	4.	DATE OF	Мо	nth		ру	Year
The state of the s	5			1					DEATH					
Home  Housewife  Home  Germany  U.S.A.  Holena Kuhlman  15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  None  18. CAUSE OF DEATH [Enter only one course pay line for [p], (b), ond, (c].]]  PART I. DEATH WAS CAUSED BY:  Conditions, if only, which gove rise to immediate course [b].  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I [o]. 19. WAS AUTOPSY TEST ON DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  DO. ACCIDENT WAS UNDERLYING (COUNTY)  20. TIME OF INJURY Month, Day, Year Month, Day, Year Mount on the course of the part of of			***	*****		* ****	A TOTAL CONTRACTOR OF THE PARTY	1885		lost birthday)	Month			
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH   [Enter only one couse psylline for (p), (b), ond, (c),   18. CAUSE OF DEATH   [Enter only one couse psylline for (p), (b), ond, (c),   19. PART I. DEATH WAS CAUSED BY.   19. DELET O   19. WAS AUTOPSY PERFORMED?   19. DELET O   19. DEL	100	during most of work	ing life, even if refired	done 10b.		OR INDUS			oreign coun	try)				COUNTR
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (17st., no. or wholene)  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  Quaker Hill  18. CAUSE OF DEATH [Enter only one course pentine for (o), (b), and, (c)]  PART I. DEATH WAS CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate course (o), stoling the under:  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES   NO    20c. TIME OF INJURY MODICAL EXAMINERS  21. I certify that I attended the deceased from   19 miles   19 mile	13.		(a		Home							U-S-A	40	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (17st., no. or wholene)  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  Quaker Hill  18. CAUSE OF DEATH [Enter only one course pentine for (o), (b), and, (c)]  PART I. DEATH WAS CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate course (o), stoling the under:  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES   NO    20c. TIME OF INJURY MODICAL EXAMINERS  21. I certify that I attended the deceased from   19 miles   19 mile		1	dietrich Al	hers			Hele	na Ku	hlman					
18. CAUSE OF DEATH [Enter only one couse pen line for (p), (b), ond, (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO  Conditions, if ony, which gove rise to immediate cause (p), stoting the under- Unity or couse tosit.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p)  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p)  20c. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p)  20c. ACCIDENT WAS UNDERLYING COURSED While of CONTRIBUTING COURSED While of CONTRIBUTING COURSED While of CONTRIBUTING COURSED While of CONTRIBUTION COURSED While of Contribution Course of		WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	). 17. H					dress Q1	uaker	Hil	1
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), toting the under  lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT SIGNATURE  200. ACCIDENT WAS UNDERLYING  201. ACCIDENT WAS UNDERLYING  202. CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT SIGNATURE  203. EXCLUSIVE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT SIGNATURE  204. ECCLUS WAS REGISTRAR SIGNATURE  205. DIALES SIGNATURE  205. DIALES SIGNATURE  206. CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(		No	None	2	13-01-7677	B.	Mr. Karl	W. Se	haper	Dogwo	od Re	oad,		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 19	z	gove rise to in cause (o), stating t lying cause lost.	DUE TO  ty, which (bunnediate he under-)  (c)	Am	estensive	C.0	disease	- st	evla			\( \sigma \)	1	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 19	CATIO	W. Brand									VEN IN P	ART 1(0)	PERFC	PRMED?
21. I certify that I attended the deceased fram AMA		OR CONTRIBUTING	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of inju	ry in Port I	or Part II	of item 1B.)				
alive an Dle of	MEDICAL	Hour o. m.		While	Not while	20e. PL/ foo	ACE OF INJURY (Home story, street, office bldg	, form, 20 3., etc.)	Of. (City or	town)		(County)		(Stote)
REMOVAL (Specify)  Burial Jan.1, 1960 Taylorsville Cemetery Taylorsville, Md.  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24g. REC'D BY REGISTRAR'S SIGNATURE		actual SIGNATURE PHYSICIAN'S	at 1 attended the	decease , 195 La WHL	21	death		AIM		he causes	and an		te state	ed abov
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	220	REMOVAL (Specify)		_				22d					(Stot	e)
LORING BYERS 8728 Liberty Road DATE IAN 7 '60 Gullery & House	23.	_	SIGNATURE	. 211	ADDRESS		her		REGISTRAF	24b, REG	STRAR'S	SIGNATUI		117

Randalistown, Md.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13347

	13371 CERTIFICATE OF DEATH	Dist. No.
	1. PLACE OF DEATH  o. COUNTY  DATE  O. STATE  D. COUNTY  D. COUNTY	dence befare admission)
)	b. ett OR TOWN (If outside corporate limits, write RURAL on RUBAL and give pearest town)  AIC VILLE  LITE C X AR KVILLE	nd give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3346 W. LLOUGHB., RI 3346 W. LLOUGHB.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Joseph John (RCSS SR 4. DATE OF DEATH DECEASED	Day Year 1959
	M WIDOWED DIVORCED JULy 10, 1908 Jost birthday) Months	DER 1 YEAR IF UNDER 24 HRS.  S Doys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY IV. BIRTHPLACE (State or foreign country)  12. (  ON RACTOR  12. (  ON RACTOR  12. (  ON RACTOR  13. (  ON RACTOR  14. (  ON RACTOR  15. (  ON RACTOR  ON RACTOR  16. (  ON RACTOR  O	CITIZEN OF WHAT COUNTRY?
/	13. FATHER'S NAME  Chas, L. Croj's MALGARET L.	TNOR
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (Yes, no. or unknown) (If yes, give war or dates of service) 2/2-16-3-799 Mamile U CR655.	SAME
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last.  (c)	INTERVAL BETWEEN ONSET AND DEATH IMME CLAPE
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of wor	(County) (State)
	alive an 1994, and that death occurred at \$372 M, from the causes and an	I last saw the deceased the date stated above.
,	ACTUAL SIGNATURE James Ewhite. M.D. 5214 Harford Std.	Balto, Dec 8/3
	PHYSICIAN'S JAMES E. White M.D.	/
	220-BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City_lown, or county BREMOVAL (Specify) Dec 11 1459 FAR Will dec 15 ALIMORE	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE CHAS T LUANS Y SON 8802 HAR FOLD ROLL DEC 11 159 CASTAGE OF THE PROPERTY OF T	

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours offer death. AND TO FUNERAL DIVERSITY OF 10/21 PAGE 3 should be TO HOSPITAL O

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requires that the death certificate be executed within 24 haurs

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Pan	Dist.	Ma	1	3	3	4	8
ReQ.	DIST.	NO.					

	1. PLACE OF DEATH o. COUNTY Balfinove MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY BALTO
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OS MElancher  OS.	J. STREET ADDRESS  305 MELANCHTON AVE ON A FARM?  YES D NO K
	3. NAME OF DECEASED (Type or print) GWYNN	CROWTHER Last DEC. Day Year 1959
	5. SEX M 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	MAY 28, 1887 77 yrs. Months Days Haurs Min.
1	100. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired)  RET. BANKER FINANCIAL	MARYLAND U.S.
)	JOHN CROWTHER	WORTHENA HISS
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or Inthown) (If yes, give wor or dates of service)	19. KENNETH CROWTHER Address ABOVE
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Opreumonia Interval Between ONSET AND DEATH
	Canditions, if ony, which) Object that fair for	ansitional cell conciniminates frank
	gave rise to immediate DUFTO	indeell carcinoma, bladder 20 mon
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  THE CONTRIBUTING TO DEATH  200. ACCIDENT WAS UNDERLYING TO DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISTASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO LA
		URRED. (Enter noture of injury in Port I ar Part II of item 1B.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20d. Hour o. m., While Not while of work of work of work	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  (County) (State)
	21. I certify that I attended the deceased framanch.	eath accurred at M, fram the causes and on the dote stated abave.
	ACTUAL SIGNATURE SOME PROPERTY OF THE STATE OF THE SECOND STATE OF	ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  DATE SIGNED  ADDRESS (Street, city or town, stote)
1	PHYSICIAN'S NAME (Type)	md 12-20
	220. BURIAL, CREMATION, 22b. DATE THEREOF PEMOVAL (Specify) 12-22-59 DRUID	RY OR CREMATORY 22d, LOCATION (City, lown, or county) (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	III III ICALVINET CALLE CALLED	KO KOLDONOCO O 1 150 COLL O W.

may be retain. If the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. TO HOSPITAL O VS A15 (4) 15M 10/57

MATERIAL AND STATE DEPARTMENT OF HEALTH - PAUTHORS 18 CERTIFICATE OF DEATH THE PERSON NAMED IN COLUMN TO STREET WAS ASSESSED. the same will see the second of the second s A SAME A SAME AND AND ADDRESS OF THE PARTY O 13373

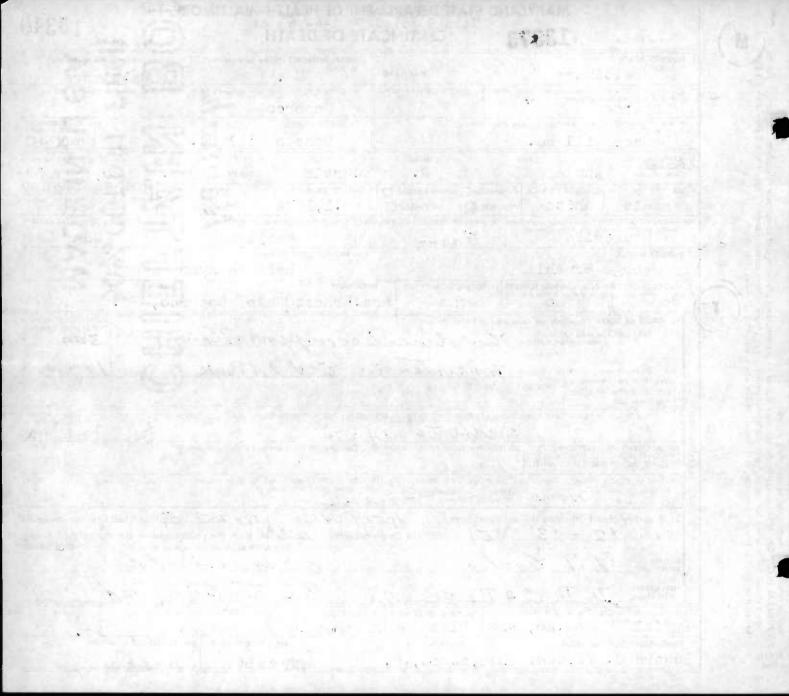
Reg. Dist. No.

13349

1. PLACE OF DEATH o. COUNTY Bal	timore		MARYL	AND	2. USUAL RESIDENCE O. STATE	CE (Where deceased	d lived. If instituti b. COUNTY		e before oc	
	(If outside carporate limi nearest town)	ts, write	c. LENGTH OF STAY II	N 1b	c. city or town	N (If outside corpo	rote limits, write R	URAL ond g	jive nearest	town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, g	ive street ad	ddress)		d. STREET ADDRI		Rd.	24	e. IS O YE	RESIDENCE N A FARM? S NO
3. NAME OF DECEASED (Type or print)	Annie	st	Middle R •		Curtis	4. DATE OF DEATH	Mor Dec •		Day	Year 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARRIE			Feb.1,18	74	9. AGE (In years last birthdoy) 85% yrs.		1 YEAR IF U	
10o. USUAL OCCUPATI during most of wo HOUS	ON (Give kind of work of rking life even if retired) EWITE		HO OF BUSINESS OR	INDUS		(Stote or foreign of		12. CITI	ZEN OF WH	AT COUNTRY
13. FATHER'S NAME		- 1			14. MOTHER'S MAI	DEN NAME	7.00		F-8	
Georg	e Bruehl					Rebecca	Ryan			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of se	CES? 16. SC	OCIAL SECURITY NO.	11	IFORMANT		Add	ress		
(Yes, no. or unknown)	No		None	Mr	s.Ernest	Hale	Upperco	, Md	•	
Conditions, if a gove rise to couse (o), stoting lying couse last	immediate DUE TO	7/	yperten	si	re G-V	Dise	nen see		19-	7/201
САТІС	THER SIGNIFICANT CON	2 NO	NTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY REFORMED?
(IF EITHER, NOTIF	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	no	IBE HOW INJURY OC	CURRET	). (Enter noture of inju	iry in Port I or Por	t II of item 18.)			
	20c. TIME OF INJURY Month, Day, Year Hour o. m. While not work of work of work work work work work work work work									
21. I certify to alive on	0 0		d from		19, 1940, to occurred at 12.	36M, fram ADDRESS (Si		d an the	date sta	
BURNAL SPECIFY	Dec . 28,		22c. NAME OF CEMET Black R		Cemeter		TION (City, town, utler	or county)	Md.	(Stote)
23. FUNERAL DIRECTO			ADDRESS		240	. REC'D BY REGIST	TRAR 24b. REGI	STRAR'S SIC	SNATURE	77.6
Edward C	. Tipton	Ham	pstead, Mo	d.	DA	FC 2 9 '59	Catha	94	4	

death. Page 4 the funeral director TO HOSPITAL OF ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs are death. Pages may be retain to the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directions as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ector. Page your files. o. C b. C Board d. N TO DEPUTY MPSCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the ficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be vorworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 3. NA/ DEC (Typ 5. SEX 7 10a. US durin 13. FA 15. W/ (Yes, no, C g (0 CO MEDICAL CERTIFICATION 0 20 PR C/ 2 01 SI E

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VS. A15ME 5M 2/57

13350

OUNTY BALLE. MARYLAND	o. STATE Ind. b. COUNTY Ba	Ct.
ITY OR TOWN [If autride corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give nearest town]	c. CITY OR TOWN (If gutside corporate limits, write RURAL and	give neorest town)
Reistorstown 1 yr	× desursion is	ud.
AME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
219 Commond are	219 Concurred ave	YES NO
ME OF EASED First ELIZ. D	AVISON 4. DATE Month OF DEATH 2 PC 3	Doy Year 1959
emale 6. COLÓR OR RACE 7. MARRIED   NEVER MARRIED   8		YEAR IF UNDER 24 ARS. Doys Hours Min.
SUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUST group of working life, even if refired)	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZ  Balta 7nd 7n	EN OF WHAT COUNTRY?
HER'S NAME	14. MOTHER'S MAIDEN NAME	
Bradles A. Davison	Katherion morath	
or unknown) I lift yes, give war or dates of service)	HENRICHTA Bolliger 2196	incrosed &
CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	7 21	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Caroling D	compensation	ONSET AND DEATH
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onditions, if ony, which by arute Br	onchitis.	4 days
), stating the underlying DUE TO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
mour.		PERFORMED? YES NO
DESCRIBE HOW INJURY OCCURRED. (EMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (EMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (EMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED.)	inter nature of injury in Port 1 or Port II of item 18.)	
	CE OF INJURY (Home, form, 20f, (City or town) (Cour ory, street, office bldg., etc.)	(Stote)
. I certify that I took charge of the remains described abo	ve, held on Autopsy 🔲, Inspection 🔀, Inquiry	, ond in my
oinion death resulted from: Natural causes 📈. Accident [	, Suicide , Homicide , Undetermined m	onner 🗌
CTUAL S. D. Caples	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
CAMINER'S DID CAPLES	ASSISTANT MEDICAL EXAMINER D	12-31-59
WIAL CREMATION, 126. DATE THEREOF 22c. NAME OF CEMETERY OR MOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county)  BALTIMOR	(Stote)
ADDRESS ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	NATURE
mand & Kuck 2300 Hali	FOR DATE IAN 4 '60 Colling 8	House

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1. PLACE OF DEATH director. Page or your files. oard of Health, te. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 foreyour write RURAL end give neerest town) Rosedale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) in Item 18. Give Pages 1, 2, and 3 to the funeral retained he State B 6600 Block Pulaski Highway death. DECEASED with the ge 5 me, and 2 with ... (ANTHONY) (Type or print) ANTONTO 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED White WIDOWED DIVORCED Male 10e. USUAL OCCUPATION (Give kind of work PM3. Page done during most of working life, even if retired) pages 1 within 7 self-employed Gardener 13. FATHER'S NAME Salvatore DiGuardo say event form certificate should be executed within permit. (Yes, no, or unkown) | (If yes give wer or dates of service) Office along with for burial-transit permit. movel, and in any no none 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (6) "pending" geve rise to immediate cause S DUE TO (a), steting the underlying Examiner 88 cause lest. pe nseq cremation, the word Medical pinous 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. writing e Chief / 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not While 0 Hour a.m. the R. P. et work et work prior the certificate, OR: 0 DICAL should be forwarded FUNERAL DIRECT Natural causes X Accident Suicide death resulted from: designated ACTUAL SIGNATURE execute DEPUTY EXAMINER'S Petty M.D. Add NAME (Type) Charles S. Address (Street, city, town, or county) 22b. DATE THEREOF 22a, BURIAL, CREMATION, REMOYAL (Specify) 940 P Lorraine Mausoleum VS. A15ME Charles E. Schimunek Funeral Home

Brehms Lane

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If institution: Residence before edmission) e. STATE b. COUNTY Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore d. STREET ADDRESS IS RESIDENCE ON A FARM? Belair YES NO X DATE Yeer OF DEATH Di GUARDO 59 December 19 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Months 10b, KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Italv Italv 14. MOTHER'S MAIDEN NAME Ida Calvonara WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Salvatore DiGuardo, son. 3124 Kentucky Ave INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic Cardiovascular Disease. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO [

20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18,) 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion

> Undetermined manner Homicide CHIEF MEDICAL EXAMINER

> > ASSISTANT MEDICAL EXAMINER TO DEPUTY MEDICAL EXAMINER

DATE SIGNED 12/8/59

22d. LOCATION (City, town, or country) Baltimore.

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
DEC 9 '59 Carthur & Hand DATE

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AT	may be retained by the hospital ar attending physicion.  • FUNERAL DIRECTOR: After this certificate has been significant.	e de	the registrar prior ta burial, cremation, or remayal, and in any event within 72 haurs offer death.
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	r timore	County		MARYL	AND	USUAL RESIDENCE (Vo. STATE Mary		ed lived. If institut b. COUNT		ce before		n) /
b. CITY O	R TOWN (IF and give new VIISON	outside corporote lin grest town) Marylan	nits, write	c. LENGTH OF STAY II	N 1b	e. CITY OR TOWN (III Beltsvil	_		RURAL and		est town)	
d. NAME	OF HOSPITA	AL (If not in hospital, State Ho	give street	oddress)		d. STREET ADDRESS	Normal				IS RESID	ARM?
3. NAME OF DECEASES	0	Walter 1	icha Br	el Doczkows other Fidel		tost lian )	4. DATE OF DEATH	Mo Dec		Day 30		59
5. SEX mal		6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8.0	TE OF BIRTH /18/1884		9. AGE (In years last birthday) 75 yrs	Months		Hours	24 HRS. Min.
10o. USUAL ( during n	occupation of working Broth	ng life, even it refire	di i	. KIND OF BUSINESS OR idale Normal				country)	-	S.		OUNTRY
3. FATHER'S	NAME iecent	Dyczkow	ski		14	. MOTHER'S MAIDEN Anna		ksza				
15. WAS DEC		IN U. S. ARMED FC f yes, give wor or dates of		social security no.	17. INFO	mant oital Reco	rds, M		ress 1 Stat	е Но	spita	al
Condition gove couse (	tions, if an rise to in o), stoting t ouse last.	mediate (	b)	Chronic pul	manar	tubercu	losis			3	ye	ars
3		ER SIGNIFICANT CO		CONTRIBUTING TO DEAT					VEN IN PAR		WAS AL PERFORM (ES ]	MED?
₹ 20c. TIME	E OF INJURY	MEDICAL EXAMINER	par 20d.   While	NJURY OCCURRED 2	loe. PLACE (	OF INJURY (Home, far street, office bldg., e	m, 20f. (Cit	y or town)	(C	County)		(Stote)
ACTUAL SIGNATI	URE	at I attended th 30	, 12	59, and that o		. 1959 , to curred atl:50 Mt. Wils Superint	on, Ma	n the causes of treet, city or town,	and on th	ne date	stated	above E SIGNE
220. BURIAL,	CREMATION	1/4/196	OF	22c. NAME OF CEMET	ERY OR CRI		22d, LOCA	TION (City, town, nal Insti	or county)	Amme	(State) enda]	Le.Mo
23. FUNERAL W.W.Cl			Riv	ADDRESS erdale. Md.		24a. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S SIC	NATURE		

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13377 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

13352

1. PLACE OF DEATH. 3 al Funor MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE warflevel b. COUNTY Juffworl
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street, oddress) OR INSTITUTION Duffalo	d. STREET ADDRESS ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) wary Catherene	Dolly 4. DATE Month Day Year OF DEATH December 29 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	8. DATE OF BIRTH  22 October 1917  9. AGE (In years last birthdoy)  XXXIII yrs.  Wonths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Claron Blaine Smith	Bessil alma Kessel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) (Yes, no. or unknown) (If yes, give wor or dates of service)	nspard mosen Dolly - Same
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which )  (b)	Plung Interval Between ONSET AND DEATH
CAT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased fram Bee alive on Pee 127, and that death ACTUAL SIGNATURE Valta To Keao  PHYSICIAN'S Walter T. KEES	occurred at A M, from the causes and on the date stoted above.  ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. Cockey & Well L. 29 December 195
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O DOLLY Famil	(Siole)
23. FUNERAL DIRECTOR'S SIGNATURE Brooks Funeral Service, Towson 4,	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OF VS A15 (4) 15M 9/55

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FUNERAL DIRECTOR: Poge may 2 VS A15 (4) 15M 9/5B

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Division Less than L Unknown Unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES X NO (County) (State) that I lash another developed XXXXXXXXXXX and that death accurred at 6:55M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) VAH. FT. HOWARD DIVISION BALTO. 18, MD VAH, BALTO 18, MD. FORT HOWARD DIVISION 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland (Stote) Baltimore National Cem. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE John J. Duda Funeral Home 7922 Wise Ave. Balto. Md DADEC 11 '59 Thank

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U. S. A.

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YES NO G

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	1 MEDICAL EXAMINER	S CERTIFICATE OF DEATH 13354
	PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmi
	Baltimore MARYLAND	•. STATE Maryland Baltimore
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	
	Pikesville	X Pikesville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESID
	3710 Milford Mill Road	3716 Milford Mill Road YES No
3.	NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year
	(Type or print) LANCE	DOSTER December 9, 1959
5.	SEX 6. COLOR OR RACE 7 MARKED CAN RIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24
	Male   White   SHORES	May 9, 1945 14 yrs.
	o. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	STRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU
	Student School.	Halto. U.S. Cl
13.	FATHER'S NAMED A PORTE	14. MOTHER'S MAIDEN NAME
	Thought I Nover	Vera M. Brushwood
	es, no, or unkown)   (Ityesgive werordetes of service)	INFORMANT ACC Address Salt
	The none none /	by 16 fert L. dester 3410 toroplan
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWE
	IMMEDIATE CAUSE (a) Massive hemorrhage	due to gunshot wound of left chest
	919.0 XXXXX	
	Conditions, if eny, which geve rise to immediate cause	
	(e), steting the underlying DUE TO	
	cause lest. (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUT PERFORM
Ş	OR SYSTEMAL CALLES WAS ASSESSED FOR HOLY NUMBER OF CHIEFE	YES X NC
ERTII	DRIVE ARY CO. CONTRIBUTION CO.	. (Enter neture of Injury in Pert I or Pert II of item 18.) Shot by friend
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MEDICAL	White New White	Pikesville Baltimore    County   Pikesville Baltimore   Pikesville B
Z	р.т. 192 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	21. I certify that I took charge of the remains described above,	
	death resulted from: Natural causes, Accident A, Su	icide, Homicide, Undetermined manner
	ACTUAL /////	CHIEF MEDICAL EXAMINER
	SIGNATURE WILL WOULD	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
18	EXAMINER'S William V. Lovitt, Jr., M.D.	DEPUTY MEDICAL EXAMINER 12/10/5
	BURIAL CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY	Address (Street, city, town, or county)  OR CREMOORY 22d, LOCATION (City, town, or country) (Steta)
220	POMOVAL (Specific)	1 de la
220	344 al 12/12/50/708/01000	110 untito Lanor.
220	SULLIAN 12/12/59 Tarkisooci ADDRESS	(Cincitry) JULY (MILL)

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13381

## **CERTIFICATE OF DEATH**

13356 Rea Dist No

1. PLACE OF DEATH O. COUNTY Baltinore MARYLAN	D 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION AGER Mens + Womens Home	d. STREET ADDRESS OK age Ave on a FARM?  3635 COK age Ave yes no
3. NAME OF DECEASED (Type or print) Margaret Leland.	EUQTS 4. DATE Month Day Yeor DEATH Lecentric 8 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [ Fema fo white WIDOWED DIVORCED [	June 11, 1867 92 yrs. 30 27 Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IDUSTRY 11. BIRTHPLACE (Stote or foreign country)  HOOPERS ISTAINE  Dozo bee too Co. Md. Lys A.
13. FATHER'S NAME F. B. Leland	14. MOTHER'S MAIDEN NAME Rebecea Barclau
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Baisip & Hamel Have , 615 Chestnux a
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	Cerebal Renal Vuscular Desian 3 years
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last. (b)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.  Hour o. m. 19 of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
21. I certify that I attended the deceased from alive on Delente 6, 1959, and that de	ath occurred at 5130 M, from the causes and on the date stated above.
ACTUAL SIGNATURE Dewland Educio Day	M.D. 4 2-332 CL - Ball 18 Dec 8, 19
PHYSICIAN'S NEWLAND EduAND DAY	MD
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER BURIAL 12-11-59 Loudon Par	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
William Cook Inc., 1217 St. Paul Stre	et DATE DEC 1039 Cirthur & Kraus

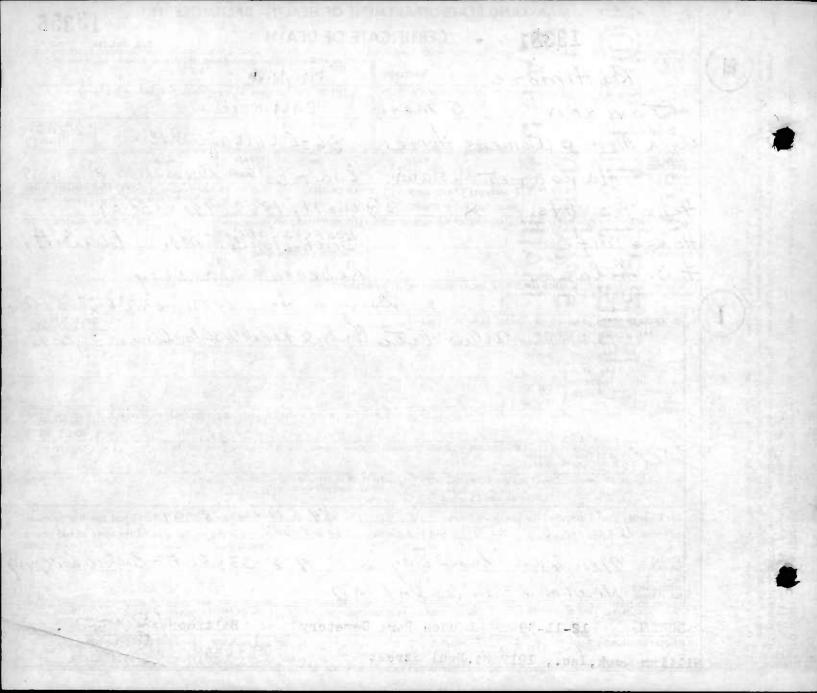
er death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 7 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

TO HOSPITAL VS A15 (4) 15M 9/5B



YES NO

Reg. Dist. No

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director, led with	M
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death. Page

rending PHYSICIAN: The law requires that the death certificate be executed within 24 hours

the ottending physicion and completely filled in 72 haurs ofter death

Then please remave corban

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1. PLACE OF DEATH o. COUNTY	Baltimer	·e	MARYLANE	a STATE	ESIDENCE (When	e decease	d lived. If institution b. COUNTY	an: Resident	e before a	dmissian)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, nearest town)  Catonsvi		c. LENGTH OF STAY IN 18	c. CITY C	Balt		rate limits, write R	VO1		town)
d. NAME OF HOSP OR INSTITUTION	House In T 16 Fusting	ne 1	rines		and and a second	ger	Rd.		(	S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	First Elizat	eth	Middle Pe	her	Last	OF DEATH	Dec		Day	Year 19 <b>59</b>
5. SEX	197	7. MARRIE	DIVORCED		1880 1880	)	9. AGE (In years last birthday) 79 yrs.			UNDER 24 HRS
during most of wo	ION (Give kind af work dorking life, even if retired)	ne 10b. K	None		HPLACE (State or		ountry)		USA	AT COUNTRY
13. FATHER'S NAME		Nova	ek .		nknown					
WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCI  If yes, give war or dates of serv		OCIAL SECURITY NO.	INFORMANT	F.Feh	er,l	Add Overh		Rd,C	atns :
18. CAUSE OF DE	ATH [Enter only ane caus	se per line				.+				AL BETWEEN AND DEATH

		nly ane cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAL	CAUSE (0) Mystardial Decompensation	ONSET AND DEATH
	443×	DUE TO	
	Conditions, if any, which )	10) Chr. Hypertersin Cardio-Vaseulas Disease	1530
	gave rise to immediate cause (a), stating the under-	DUE TO	
	lying couse last.	(c)	
2	PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn)

(County) (State) factory, street, office bldg., etc.) a. m. Not while While at work p. m. 21. I certify that I attended the deceased fram

and that death accurred at I A. M, from the causes and an the date stated above.

	SIGNATURE///men/ 1 for	ellage 7. M.D.	6809 Mederick Wood Care	11501110481
	PHYSICIAN'S WILMER	Gallager M.	D	12-3-59
c	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR CRE	MATORY 22d. LOCATION (City, tawn, or county)	(State)

22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) Loudon Park Cemtry

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dir. 4101 Edmondson Ave.

24a. REC'D BY REGISTRAR DATDEC 4

24b. REGISTRAR'S SIGNATURE curing & thous

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detoched for use as the burial-transit remayol, and the registrar priar to burial,

VS A1S (4) 1SM 9/S8

28282 . 196 .00 180 &ITIVEEDIAS House In the Fires . All remain roll Cade Policy - Adadis : III . OBC 25 0881.93 tras Tione one! 2.70 ir.John F.Peher, 10 Overaill sc., Jetes 23 Burtal ts/5/59 .outon Park Centry Balto. Ma. Within Parerel Mig. 4101 Edmondeon ave. Canal and POR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 13358

1.	PLACE OF DEATH	ltimore	MARYLA	40.00	CE (Where deceosed lived.		ce before admission)
	and give nearest town)	outside corporate limits, write RURAL	1b c. CITY OR TOW	/N (If autside corporate lim			
	d. NAME OF HOSPITA	L OR INSTITUTION (If not in School	Student hospitol, give street address)	d. STREET ADDRI		1.	e. IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF DECEASED (Type or print)	Linda	Middle M.	Finley	4. DATE OF DEATH	Month Dec.	Day Year 7 19 59
5.	Female	6. COLOR OR RACE 7. MAS WIDOV	RRIED NEVER MARRIED		9. AGE ( lost birt)	In years IF UNDER 1	
10	during most of working	N (Give kind of work dane 10kg life, even if retired)	o. KIND OF BUSINESS OR IN	DUSTRY II. BIRTHPLACE (	State ar fareign country)		S. A.
13	Robert	M. Finley		Nancy (	riffith		
7	5. WAS DECEASED EVE		none	7. INFORMANT		Address Greenwo	ton, Mo
7	Canditions, if an gave rise to immed (a), stoting the uncause tast.	y, which (b)	racture bas				
CERTIFICATION	PART II, OTT	none					PERFORMED?
		Fell	RIBE HOW INJURY OCCURRE On flagsto	ne patio a	t school.	B.)	
MEDICAL		Dec. 71959 W	work at wark	School-St.	Paul's-Bro	(Coun oklandvi	lle. Balto
		at I taak charge of the esulted fram: Natura					
	ACTUAL SIGNATURE	D. D. Eaple		Pri.D.	AL EXAMINER   EDICAL EXAMINER		DATE SIGNED
	EXAMINER'S NAME (Type)	D. D. Capl	es, M. D.		CAL EXAMINER		12-8-59
	Burial	12-9-59	Druid Ric		Pikesvi	lle, Md.	(State)
	H.W.Jenki	ns & Son, Co.	ADDRESS ,4905 York		REC'D BY REGISTRAR 2	Orthun &	

TO DEPUTY MENCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is pressary, please execute the National Color, writing the word "pending" in pendin in Item 18. Give Pages 1, 2, and 3 to the foneral cities. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained or your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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49/149/148					T. H
	CONTROL OF THE PROPERTY OF	D MECT GOLDS	100 100		

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		March Charles		

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may be retained the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by recluneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	The registror prior to burial, cremotion, or removol, and in ony event within 72 hours along death.
the ottending p	ent within /2 t
cion. sen signed by onsit permit.	ond in ony
ittending physi tificate has be the burial-tra	n, or removol,
e hospital or o : After this cer iched for use a	urial, cremono
AL DIRECTOR hould be deto	iror prior to b
TO FUNER page 3 s	ne regis

death: Page 4

TENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours

		CERTIFICA	AIE OF DEATI			Reg. Dist. N	lo.
1. PLACE OF DEATH o. COUNTY	Balto.	MARYLAND	2. USUAL RESIDENCE (WI o. STATE		d lived. If institution b. COUNTY	on: Residence be Balt	
RURAL and give n	If outside corporate limits, write learest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		rote limits, write R	URAL ond give n	learest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street 9119 Liberty		d. STREET ADDRESS	erty	Road		e. IS RESIDENCE ON A FARM? 惟序事件NO
3. NAME OF DECEASED (Type or print)	First Kitty	Middle G.	Lost Fite	4. DATE OF DEATH	Monday I		Day Yeor 14. 19 50
S. SEX		<b>の日本本本的大大は他が</b>		371	9. AGE (In years last birthdoy) 88 yrs.		AR IF UNDER 24 HR
10a. USUAL OCCUPATION during most of wor Teache	ON (Give kind af work done 10b. king life, even if retired)	School			ountry)  1 to . Co:		OF WHAT COUNT
13. FATHER'S NAME			14. MOTHER'S MAIDEN		12/2/		
Willi	er IN U. S. ARMED FORCES? 16.	COCIAL SECURITY AND TIT	Kate	Ma the	Addi	0000	(1)
(Yes. no. or unknown)	(If yes, give wor or dates of service)		ir. Edward F.	04			Church Rown, Md.
Conditions, if a gove rise to it couse (o), stoting lying couse lost.	mmediate DUE TO	LLL JEKLICA  CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	LAL DISEAS	LASO SES	EN IN PART I(o)	Sylvas Sylvas Sylvas Sylvas Performed? Yes No
PART II. OT	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Por	t II of item 18.)		
ZOc. TIME OF INJUING Hour o.m.	RY Month, Doy, Year 20d. I 19 While of wor	Not while fa	ACE OF INJURY (Home, forn ctary, street, office bldg., etc	n, 20f. (City	or town)	(County	y) (State
21. I certify the alive on Actual SIGNATURE PHYSICIAN'S NAME (Type)	bot I attended the decease 195 CALLA CO Dr. Thomas E.	f and that death		M, from		and an the distate)	DATE SIGN
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCA	ION (City, lown, o	or county)	(Stote)
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	24a. REC'	D BY REGIST	RAR 24b. REGIS	STRAR'S SIGNAT	
LORING BY	ERS	8728 Liberty	Road DATE	DEC 17	'59 C	Lithury S. 1	track

Randallstown, Md.

TO HOSPITAL OF VS A15 (4) 15M 10/57

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		100	185	CERTIFIC		III OI DEATH	•		Reg. Dist.	No.	
٥	LACE OF DEATH . COUNTY	Baltimor		MARYI		2. USUAL RESIDENCE (Who o. STATE Mary]		l lived. If institution b. COUNTY	n: Residence	befare adi	missian)
ŧ	. CITY OR TOWN ( RURAL and give n	If outside corporate limited earest tawn)	ls, write	c. LENGTH OF STAY	11	c. CITY OR TOWN (If a	utside corpo				own)
		nsville		5yr5mth26	dys	Baltimore			3 V O 1		
	OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS				e. 15 Of	RESIDENCE A FARM?
	SPRING G	ROVE STATE	НО	SPITAL		1814 Edmor	ndson	Avenue		YES	□ NO □
	NAME OF DECEASED Type or print)	Anna		Middle	I	itzpatrick	4. DATE OF DEATH	DEC		Day 10	Year 1959
5. S	EX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	O D	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)			NDER 24 HRS.
	female	white	WIDOW	ED DIVORCED		Sept. 9, 189	92	67 yrs.	Months D	lays Hou	ors Min.
10a.	during most of work	king life, even if retired	)	KIND OF BUSINESS OF		TRY 11. BIRTHPLACE (Slole of Mary 18		ountry)		S. A	AT COUNTRY
13. 1	ATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			Jel	
6	Daniel	Martynn				Emma '	?				
(Yes.		R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	social security NO. Unknown	-	FORMANT ecords: SPRII	NG GF	Addre		SPITA	L
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO	)	Ascite	ma	of the b	owl	2		NOV 1	BETWEEN ND DEATH D - Dec 1
CERTIFICATION	20a. ACCIDENT W	HER SIGNIFICANT CON	DITIONS O	entir x	lea	NOT RELATED TO THE TERMINATE ALIMANA. (Enter nature of injury in P			N IN PART 1	PEF	AS AUTOPSY RFORMED?
	(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m.	MEDICAL EXAMINER)	While	NJURY OCCURRED  Not white k of work	20e. PLA faci	CE OF INJURY (Home, farm, lory, street, office bldg., etc.)	20f. (City	or town)	(Con	unty)	(Stale)
	actual SIGNATURE	Netta H	_, 12.2	and that		A.D. SPRING G	LM, fran ADDRESS (SI ROVE S	n the causes ar reel, city or town, s STATE 1 HOS	nd on the tote) SPITAL	date st	
220	BURIAL, CREMATIC REMOVAL (Specify)	oretta Hsu	)F	22c. NAME OF CEME		Catonsvil		ION (City, town, or	county)	N.	itate)
23.	EUNERAL DIRECTOR	'S SIGNATURE-		HO ADDRESS	ind	240. REC'E	BY REGIST		RAR'S SIGN		<u></u>

may be reta by the hospital or attending physician.

TO FUNERAL SARECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremotian, ar removal, and in any event within 72 hours, effect death. ofter death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL VS A15 (4) 15M 9/55

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death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DIRECTOR'S SIGNATURE

322

13369

	133	87	CERTIFIC	ATE OF DEATH	HEIDE	Reg. Dist.	No.
1. PLACE OF DEATH?	osewood Sta Baltimore	te Tr	aining School	o. STATE	here deceased lived. If institution b. COUNT		before admission) City
	(If autside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits, write	RURAL ond giv	re nearest tawn)
RURAL ond give nearest town) Owings Mills, Maryland  12 yrs.			Baltimore 1	2. Maryland	340	1-4	
OR INSTITUTION	State Train			d. STREET ADDRESS 723 Radnor	Arranne		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	Fire		Middle	Last	T	anth	Day Year
(Type ar print)	Day	niel		Fleming	OF DEATH		16 19 59
S. SEX			D DIVORCED	B. DATE OF BIRTH	9. AGE (In year last birthday)	Months D	YEAR IF UNDER 24 HR
Male	Negro	WIDOWE		4/2/42	17 yr		
during most af war	rking life, even if retired)	ione 10b. I	KIND OF BUSINESS OK INDI	JSTRY 11. BIRTHPLACE (State	ar foreign country)		N OF WHAT COUNTRY
			Contract and the	Maryland			J.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN I			
Lonie Flem				Lonia Lit	ttle		1-1-1-2
(Yes, no, or unknown)	ER IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO.	INFORMANT	Ac	dress /	
no	entage .		R	osewood Record	ds		
18. CAUSE OF DE	ATH [Enter only one co	use per lin	e for (o), (b), and (c).]			Town and	INTERVAL BETWEEN ONSET AND DEATH
PART I. DE	ATH WAS CAUSED BY:		Pyelo-nephrit	is			7 months
600,0	DUE TO						
Conditions, if a	any, which )	2.	Decubitus Ulc	are			1 vears
gove rise to	immediate (		Decaprous orc	619			and Acard
cause (o), stating lying couse last.	the under-		T-47			HO M	14
	, (c		Profilepsy	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION O	IVEN IN PART 1	(a) 19. WAS AUTOPSY
Ĕ						17614 11477 1141	PERFORMED?
O ACCIDENT W			mage - birth	ED. (Enter nature of injury in	Part I or Part II of item 18 \		YES NO
OR CONTRIBUTING	G CAUSE OF DEATH	200. DESC	KIBE HOW INJURY OCCURR	ED. (Enter nature at injury in	ran i ar ran ii ar nem io.,		
	MEDICAL EXAMINER)	les i u		LACE OF DIMPY DI	Tant tall		
20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Yea	While		LACE OF INJURY (Hame, farm octary, street, affice bldg., etc		(Ca	unty) (State
21. I certify t	hat I attended the	decease	ed fram 6/20/58	, 19, ta_1;	2/16/59 19	that I last	saw the decease
	12/16/59			h accurred atl: 22p			
	10	ON	hh-	2	ADDRESS (Street, city or tow		DATE SIGNE
ACTUAL SIGNATURE	nest.	8	, ,	M.D. Kosem	~~~ ~!		12/18/59
PHYSICIAN'S NAME (Type)	Ernest I. D	ecko,	M.D.	Rosewood T	r. School, Own	ings Mi	lls, Md.
22a. BURIAL, CREMATIO	ON, 22b. DATE THEREO	TO WOOD	22c. NAME OF CEMETERY	OR (REMATORY)	22d. LOCATION (City, town		2) (State)

440. REC'D BY REGISTRAR

DATE DEC 2 2 '59

24b. REGISTRAR'S SIGNATURE arihur S. Kraus

TO HOSPITAL VS A1S (4) 1SM 9/SB

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13262

Cockeysville, Maryland

24b. REGISTRAR'S SIGNATURE

arthug S. France

24a. REC'D BY REGISTRAR

DATEAN 4

	400	0.40	CERTIFIC	ATE OF DEATH	1		Reg. Di		Too	100
PLACE OF DE.     a. COUNTY	Baltimore	33	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Marylan	nere deceased	lived. If institution b. COUNTY	Balt			ian)
RURAL and	OWN (If autside carporate limi give nearest town) ysville	ts, write	c. LENGTH OF STAY IN 16 2 years	c. CITY OR TOWN (IF o	outside carpora		URAL and	give nec	irest tawn	)
d. NAME OF OR INSTITU	HOSPITAL (If not in hospital, guillon Wilmar Pl		oddress)	d. STREET ADDRESS Wilmar	Plac	е				PARMS FARMS
3. NAME OF DECEASED (Type or print)	Fir Charl		Middle Edward Ford	lost Sr	4. DATE OF DEATH	Mon 12		Do	'	Year
5. SEX	6. COLOR OR RACE		ED NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years lost birthday)	IF UNDER		7	
Male	White	WIDOWE	D X DIVORCED	11-9-1880		79 yrs.	Months	Days	Haurs	Min.
10a. USUAL OCC during most Painte: 13. FATHER'S NA			kind of Business or induction of Business or i		ıd	intry)		S.A		OUNTRY?
Frank	Ford			Susan Fis	her					
1S. WAS DECEAS (Yes, no, or unknown	SED EVER IN U. S. ARMED FOR (If yes, give war or dates of s		0 0 0 0 0 0 0	rs. George		rtz, Sı			nar	
	OF DEATH [Enter only one co I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	D	e for (b), (b), and (c).]	my Elst	um	a		INTE	ET AND	TWEEN DEATH
	DUE TO	H.	east	Faily				,	•	19
couse (o), s lying caus	to immediate DUE TO	_4	ten	nolei	and the land	•				
VO DE 20g. ACCIDE OR CONTRIE (IF EITHER, N	II. OTHER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS PERFO	RMED?
20a. ACCIDE OR CONTRIE (IF EITHER, N	ENT WAS UNDERLYING DEBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part	II of item 1B.)				
20c. TIME OF Haur	INJURY Month, Doy, Ye o. m. p. m.	20d. IN While at wark	Nat while fo	LACE OF INJURY IHome, form actory, street, affice bldg., etc	n, 20f. (City o	or town)	(1	County)		(Stote)
	ify that I attended the DCJ7		and that deat	, 1959, to D h accurred at 10 A G.D. Late MOIRE	M, fram the stockers (street)	he causes on bet, city or toyn,	d on the			
220. BURIAL, CRE REMOVAL (S Burial		F	Poplar			ON (City, town, o		Mar	(Stote	_

Poplar Grove

ADDRESS
TOWNSON H, Rd.

23. FUNERAL DIRECTOR'S SIGNATURE
Brooks Funeral Service

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. requires that the death certificate be executed within 24 haurs TO HOSPITAL

death. Page 4 the funeral directar,

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1. PLACE OF DEATH BE	altimore		MARYL	AND	2. USUAL RESIDENCE (10. STATE May)		d fived. If institution b. COUNTY	oni Resider	nce befo	re admiss	sion)
b. CITY OR TOWN (If RURAL and give ned	outside corporate limi	its, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (I	If outside corpo	prote limits, write R	URAL and	give nec	rest fowr	n)
Catonsv			3yrllmthll	dys	Baltimon	re		3 VO	1-4	4	
d. NAME OF HOSPITA	AL (If not in hospital, s	give street	address)		d. STREET ADDRESS				-	e. IS RES	SIDENCE FARM?
SPRING GRO	VE STATE	HOS	SPITAL		3610 Edgev	rood Ro	ad				NO [
3. NAME OF DECEASED	Fir	rst	Middle		Lost	4. DATE OF	Man		Da	у	Yeor
(Type or print)	F	rank	Mitch	ell	Ford	DEATH	Decem		4		19 59
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthday)	Months	R 1 YEAR Days	Hours	ER 24 HRS.
male	white	WIDOW			18912 Ap	or. 10	68. yrs.				
10o. USUAL OCCUPATIO during most of worki	ing life, even if retired	done 10b	, KIND OF BUSINESS OR	INDUS		ote or foreign o	ountry)			• A	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN	9				-	
Unknown					Unkno	own					
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. 18	FORMANT		Add	ress			
Unknown	If yes, give war or dates of t	service)	215-05-5094	Re	cords; SPRI	ING GR	OVE STAT	E H	OSPI	TAL	
Conditions, if on gave rise to in cause (a), stoting t lying couse lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	the <u>under-</u> (to	A1	cute cardiac	tic	cardio vascu			'EN IN PAI	RT 1(a) 1	PERFC	AUTOPSY DRMED?
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURY  Hour a. m. p. m.	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye	or 20d. While		20e. PL/	O. (Enter nature of injury  ACE OF INJURY (Home, feltory, street, office bldg.,	orm, 20f. (Cit			(County)		(State)
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	ot I attended the lec. 4 Sulla h	, 19_ ]a u isle r	59, and that a	death	occurred ot2:45  SPRING  Cations wi	a. M. from ADDRESS (S GROVE)	m the causes of treet, city or town. STATE 1	and on 1 stote) HOSPIC	the da	te state D. 12-	ed above ATE SIGNED
220. SURIAL, CREMATION REMOVAL (Specify) Burial	12/8/19				Cemetery	Pi	kesville		Mar	ylar	
23. FUNERAL DIRECTOR'S	rmacost-	4688	Liberty Hg	ghts		DEC 8	1	strar's si			

2. hospitol or attending physicion.

After this certificate has been signed by the attending physicion and completely filled hed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of hed for use as the burial-transit permit. Then please remove carbon papers. detoched for use as the buriof-transit page 3 should be detoched for use as the registrar prior to buriol, cremotion,

requires that the death certificate be executed within 24 hours

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the attending physician and campletely filled in b Then please remave carban papers. Pages 1 and in any event within 72 hauge after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hav TO HOSPITAL

By the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 shauld be detached far use as the burial-transit permit. Then the registrar prior to burial, cremation, ar removal, and in any event

VS A1S (4) 1SM 9/S8

1. PLACE OF DEATH o. COUNTY	Baltimore			MARYLAND	2. USUAL RES		(Where decease yland	d lived. If institut b. COUNTY		e before ad	nission)
b. CITY OR TOWN (II RURAL ond give ne	outside corporate limits	, write	c. LENGTH	OF STAY IN 16	c. CITY OR	TOWN	(If outside corpo	prote limits, write	RURAL ond g	ive nearest t	own)
Fort Hov			23 1	Hours		Balt	timore	-	3 VO1 -	- 44	760.1
d. NAME OF HOSPITA	AL (If not in hospital, gi	ve street o	ddress)		d. STREET					e. IS	RESIDENCE N A FARM?
	Administr	ation	Hospi	ital	160	N.	Calver	t Street			□ NO II
3. NAME OF DECEASED	First			Middle	Lo	ast	4. DATE	Мо	nth	Day	Yeor
(Type or print)	JAME	S	. 1	A. 1	FORKIN		DEATH	DECEMBI	IR :	27	19 59
5. SEX	70	7. MARRIE	_	R MARRIED	8. DATE OF BIR	тн		9. AGE (In years lost birthdoy) 81 yrs	Months	Doys Hou	NDER 24 HRS.
10a. USUAL OCCUPATIO						PLACE (St	tote or foreign o			ZEN OF WHA	AT COUNTRY?
during most of work	ing life, even if retired)		tomob				Penns			S.A.	
Salesman  13. FATHER'S NAME		Au		TTCD	14. MOTHER			ATANITTA	0	•D•W•	
	trick Forki						n Caffle				
1S. WAS DECEASED EVER			OCIAL SECU	JRITY NO.	INFORMANT	ALLII	I OWILL		lress .		
(Yes, no, or unknown) (	If yes, give wor or dates of ser	vice)	3-03-0		in Rec V	7A Hos	Balte	.Md.Ft.I	hrevel	Divie	on
IR CAUSE OF DEA	TH [Enter only one cou				THI	MIIO	ob * Derror	3-14X-1 U-1	LOWEL C		BETWEEN
	TH WAS CAUSED BY:				OCCLUSIO	Ţ				ONSELA	NO DEATH
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G. G.				EROSIS	THOTREMED	O IIIE IE	MINITAL DISEAS	ic condition of	VERT II VI PARI	PEI	REORMED?
PART II. OTH	S UNDERLYING [ :	20b. DESCI	RIBE HOW II	NJURY OCCURR	ED. (Enter noture	of injury	in Port I or Por	rt II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	While	JURY OCCU	ile f	LACE OF INJURY octory, street, offi	(Home, for bldg.,	farm, 20f. (City	y or town)	(C	ounty)	(Stote)
	at affended the	decense	d from De	ecember	26 10 59	9 to 1	December	r 27 10 59	ายเลเลเล		ogađaja pr
International Control			7	ia mai deal				treet, city or town			DATE SIGNED
ACTUAL SIGNATURE	lovell	10	ny	drus	M.D. VAH	BAL	TO.MD. I	FORT HOWA	RD DI	VISION	
PHYSICIAN'S NAME (Type) CL	OVIS M. SNY	DER,	м.б.		VAH,	BALT	o.MD. F	T.HOWARD	DIVIS	ION 12	/28/59
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF		22c. NAME	OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, town,	or county)	(:	Stote)
REMOVAL (Specify) Burial	12-30-5	9	Baltin	nore Nat	tional Co	eme t	erv	Baltimon	e. Ma	rvland	
23. FUNERAL DIRECTOR	SIGNATURE			rford Ro			EC'D BY REGIS		STRAR'S SIG	NATURE	
Wm.Cook-Bl	ight. Inc.				Maryland	DATE	N 4 '60	ant	wy 8 tc	tauA.	

## 2390 CERTIFICATE OF BEAT

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	Division of STATISTICAL RESEARCH AND RECORDS	, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ATE	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 15366
X	Baltimore MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission of STATE North Carolina b. COUNTY
· CV	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
		Taylorsville 70 x 3
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  e. IS RESIDEN  ON A FARA
X =	Sparrows Point Shipyard  B. NAME OF First Middle	YES NO
3	OECEASED (Type or print) ARTHUR	FORTNER   4. DATE   Month   Day Yeer   OF   DEATH   December   3   1959
5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HR
	Male   White   widowed   DIVORCED	Jan. 26 1904 545 yrs.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Seaman	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
T.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Jeff Fortner	Roxie Dowell Address
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19 (Yes, no, or unkown) (Ifyesgivewerordelesofservice) 240 TO 8703	Seafarers International Union 1216 E. Bal
-		Source Trees the state of the s
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Arteriosclerotic	INTERVAL BETWEEN ONSET AND DEATH
	MINICESTATE CALOUE (0)	Heart disease
	420.0 DUE TO	
	Conditions, if eny, which (b)	
	(e), stelling the underlying DUE TO	
2		
TA.		PERFORMED? YES NO [
CEPTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   206. DESCRIBE HOW INJURY OCCURED. (I	Enter neture of injury In Pert I or Pert II of item 18.)
MEDICAL	20c, TIME OF INJURY Month, Dey, Yeer   20d, INJURY OCCURRED   20e, PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
AFF	p.m. 19 ef work et work	
	21. I certify that I took charge of the remains described above, he	ald an Autopsy X. Inspection . Inquiry . and in my opinion
	death resulted from: Natural causes X, Accident , Suic	ide, Homicide, Undetermined manner
	ACTUAL (NO)CING	CHIEF MEDICAL EXAMINER
	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER 12/11/59
	examiner's W. Bradley King, Jr., M.D.	
2:	20. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OF	Address (Street, city, fown, or county)  R CREMATORY 22d. LOCATION (City, town, or country) (Stete)
	REMOVAL (Specify)	North Carolina
	Removal 12/4/59 ADDRESS 20	24 240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
	This is Herry Sins Orlean	DATDEC 8 '59 arthur & Krane
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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13392	CERTIFICATE	OF DEATH

Reg. Dist. No. 13367

o. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) COCKEYS VILLE 32 MONTHS	TURLOCK. 43x-3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: MASONIC HOME	d. STREET ADDRESS  o. 15 RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) First Middle F	-OXALL A. DATE Month Day Year OF DEATH 12 14 19 59.
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   MIDOWED   DIVORCED	B. DATE OF BIRTH  8-27-1880  9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  ENEINESS OR INDU	ENGLAND U.S.
BENJAMIN FOXALL	14. MOTHER'S MAIDEN NAME PHOEDE BUTLER.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or uphnoyn) (If yes, give wor or dotes of service)	Trank L. Smith & - Cochegwelle
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoling the under-	cheolie Cardio Interval Between ONSET AND DEATH  Deseaie 2-years
CATIO	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DED. (Enter noture of injury in Port 1 or Port 11 of item 18.)
	EU. (Enter notice of injury in Fort For Fort in Or near 10.)
	PLACE OF INJURY (Home, farm., 20f. (City or town) (County) (Stole) actory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. 4-1 alive an 12-114-, 1959, and that deat  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	h accurred at 430 P. M., fram the causes and on the date stated above.  ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. Cochegarelle M.J.  141415
220. BURIAL CREMATION, 22b. DATE THEREOF Wiley Ford	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Cook, Inc., 1217 St. Paul Str	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 21 '59 Cuthun S. Kusus

VS A1S (4) 15M 9/SS

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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o. COUNTY	al timore		MARYLAND	2. USUAL RESIDE o. STATE	NCE (Where d		If institution COUNTY		before ad	
b. CITY OR TOWN (I RURAL ond give no <b>Timonium</b>	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Timominam				WN (If outside	e corporote lin	nits, write RU	RAL ond giv	ve nearest (	rown)
d. NAME OF HOSPIT OR INSTITUTION 23 Evans A	TAL (If not in hospitol, s	give street o	oddress)	d. STREET ADI	oress Aven	ue			01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	SHAUN	rst	Middle FRAZIEI	Lost R		DATE OF DEATH	Month		Day	Yeor 19 <b>5</b> 9
5. SEX Male	6. COLOR OR RACE White	7. MARRI WIDOWE	D DIVORCED	B. DATE OF BIRTH July 18,	1959		2 3 40 1	Months 5	YEAR IF U	NDER 24 HR
10a. USUAL OCCUPATION during most of world Baby	ON (Give kind of work king life, even if retired	done 10b. (	KIND OF BUSINESS OR INDU $\mathbf{At}_{f V}$ Home		CE (Stote or fo	reign country)		12. CITIZ	USA	AT COUNTR
13. FATHER'S NAME Paul	F. Frazier			14. MOTHER'S M		Hawkin	son			
( les, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of None	service)		INFORMANT	ier, 2	3 Evans	Addre		onium,	, Md.
	mmediate (	C'IK	PCULATORY	COLLAN BRONCH					ONSET A	DAYS
OIL 200 ACCIDENT WA	HER SIGNIFICANT CON	iditions <u>c</u>	ONTRIBUTING TO DEATH BU					N IN PART	1(o) 19. W PE YES	REOBMED?
UIF EITHER, NOTIFY  20c. TIME OF INJUR  Hour o. m. p. m.	MEDICAL EXAMINER)	or 20d. IN While of work	Not while fo	LACE OF INJURY (Ho octory, street, office b		Of. (City or tov	vn)	(Co	ounty)	(Sto
	at I attended the	decease , 195 affa	ad from Dec.  1. and that death  Colonia PILLS By	2 , 19 5 , h accurred at		from the cores (Street, ci		an the	date sta	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	Dec. 5,	1959	St. Joseph's			exas, I	City, town, or			Stote) and
23. FUNERAL DIRECTOR John Burns		wson,	ADDRESS Maryland		PAGE DEC		24b. REGIST	ran's sign		

VS A15 (4) 15M 9/5B

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	nutsoal?			Pienina
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December 3, 1959			WALE	
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hadrel	encoT vorse		Dec. 5, 1965 a' suns, lowcon,	

22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

Loudon Park Cemetery

13369

e. IS RESIDENCE

ON A FARM?

YES NO N

Yeor

195

Reg. Dist. No.

Months

22d. LOCATION (City, town, or county)

Baltimore

240. REC'D BY REGISTRAR

DATE

DEC 1 4 '59

Days

IF UNDER 1 YEAR IF UNDER 24 HRS. Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO T (County) (State) (Stote) 24b. REGISTRAR'S SIGNATURE arthur S. Kraus

0 VS A15 (4) 220. BURIAL, CREMATION, 22b. DATE THEREOF

12-12-59

William Cook, Inc., 1217 St. Paul Street

REMOVAL (Specify) BURIAL

23. FUNERAL DIRECTOR'S SIGNATURE

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13395

#### **CERTIFICATE OF DEATH**

13370

Reg. Dist. No

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should be filed with		
V	150	11 1

er death. Page 4 funeral directar,

may be retained by the haspital or ottending physician.

TO FUNERAL DYRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hav

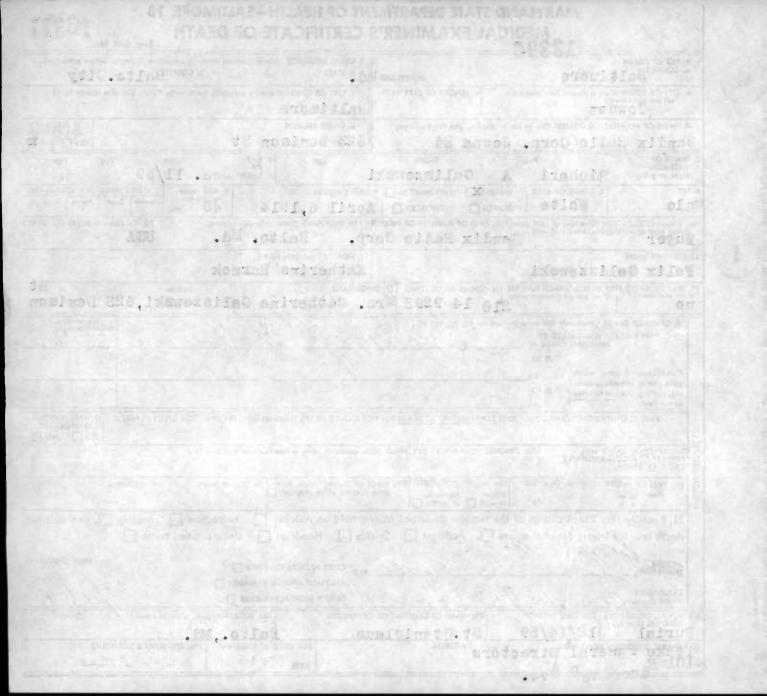
TO HOSPITAL

VS A15 (4) 15M 10/57

1.	PLACE OF DEATH	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	ed lived. If institution: Resident b. COUNTY	ce before admission)
	b. CITY OR TOWN (I	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orote limits, write RURAL and c	give negrest town)
	RURAL ond give ne Rural: T		14 MOS,	BALTIMOSO	2 City 3	V01-4
	d. NAME OF HOSPIT	IAL (If not in haspital, give stre	et oddress)	d. STREET ADDRESS	/\	e. IS RESIDENCE
	OR INSTITUTION	Eudowood Sana Towson J. Mar	vlard	925 EBAL	-TIMOYES	YES NO DE
3.	NAME OF	, First	Middle	Lost 4. DATE	Manth	Day Yeor
	DECEASED (Type or print)	Mary	1 Frie	dland DEATH		23 1959
5. 5	SEX /	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH		I YEAR IF UNDER 24 HRS.
	F	WIDO WIDO	WED DIVORCED	9/29/1907	last birthday) Manths 52 yrs.	Days Hours Min.
10a	. USUAL OCCUPATIO	ON (Give kind af work done 16 king life, even if retired)	6. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	country) 12. CIT	IZEN OF WHAT COUNTRY?
		W.		Md		US,
13.	FATHER'S NAME	,		14. MOTHER'S MAIDEN NAME	, ,	
	Abs	2/12/11/12	1/1/5	Daldie 11	laintox	1.
		R IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	2
(Ye	s, no, or unknown)	(If yes, give war or dates of service)		Personal Hi Hospital Records.	story Eudowood Sana	vorium
	18. CAUSE OF DEA	ATH [Enter only one couse per	Hine far (o), (b), and (c).]	1.		INTERVAL BETWEEN
		TH WAS CAUSED BY:	Te Ve on and	Tubo do ula	1616	ONSEL AND DEATH
	002X	IMMEDIATE CAUSE (o)	AN MONGO	14707cajc	9 1 2	13474
		DUE TO	1			V
	Canditians, if an					
	couse (a), stoting					3-00-200
	lying couse lost.	(c)				
Õ	PART II. OTH	IER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?
CAT						YES NO TO
CERTIFICATION	20a. ACCIDENT WA	LI CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port 1 or Pa	rt II of item 1B.)	
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)				
SA	20c. TIME OF INJUR	Y Manth, Doy, Year 20d	. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (Cit	y or town) (C	ounty) (Stole)
MEDICAL	Hour o, m, p. m.	19 Whi	ile Not while	ctory, street, office bldg., etc.)		
		at I attended the dece	10/8	10/10 - 10/1	2 250	
	10	of 1 differed ine dece	Kor			ast saw the deceased
	alive on_1-63	19	Jing., and that death	accurred at AM, fra	m the causes and an th	
	ACTUAL	411, 12	VI KAO	WOOKE22 (	Street, city or town, state)	DATE/SIGNED
	SIGNATURE	mun 1	J. / Yus	M.D. <u>Eudowood Sa</u>	natorium	123/19
	PHYSICIAN'S	Man D. Venn	- W D			/
	NAME (Type)	Milton B. Kre	55, M.D.	Towson L. M	laryland	
220		N, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCA	ATION (CIPP town, or county)	(State)
6	REMOVAL (Specify)	12-24-5	Herry	9 Kun	12 alto	Ma
23/	FUNERAL DIRECTOR	SIGNATURE	ADDRESS &	240. REC'D BY REGIS	TRAR 24b. REGISTRAR'S SIG	NATURE
X	well Le	eris One	2100 QUITA	W DATE DEC 28	'59 Chilling &	House
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NAME OF THE PARTY			

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should be cremation,			PLACE OF DEATH	1339	5	ELAAMINEK	2. USUAL RESIDENCE			Reg, Dist. No	
pleas 4 shot crem	M	"	o. COUNTY Bal	timore		MARYLAND	Md . STATE	e (avuete deced		Balto.C	
Page Puriph			and give nearest to	III autside corporate limits, write wn) 78 070	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		porote limits, write	RURAL and give n	ieorest lown)
nece of re	V				If not in hos	pital, give street oddress)	d. STREET ADDRES	SS		07-4-	e. IS RESIDENCE ON A FARM?
dir dir ile				ladie Cerp	. Jor		623 Deni				YES NO NO
uneral your f			DECEASED (Type or print)	Richard	A	Galiszewsk		4. DATE OF DEATH	Dec. 11	/59	19
h. If a the formed for the r		M	ale	White	WIDOWE		April 6.1	914	9. AGE (In years last birthday) 45 yrs.	Months Days	Hours Min.
ter deat and 3 to be retained and 2 with		1	oa. USUAL OCCUPA during most of work Buyer	ION (Give kind of work of king life, even if retired)	Bend	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (S	tate or foreign	country)	12. CITIZEN O	F WHAT COUNTRY?
1, 2, may b		1 -	3. FATHER'S NAME	liszewski			14. MOTHER'S MAIDE Katherin	N NAME	Bus tal		
Pages oge 5 e poge				VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. [17.	NFORMANT	4	Address		St
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8. G. PM3.				ATH [Enter only one cou ATH WAS CAUSED BY:	se per line	for (a), (b), and (c).	22.01	1	1.	INTE	RVAL BETWEEN ET AND DEATH
tem l form sit pe			420.1	IMMEDIATE CAUSE (o)	-	OYOY	ayy	CC	10510	72	udden
in the with with			Conditions, if	ony, which) (b)							
pencil alang burial			gove rise to imm (o), stoting the couse last.								
ificate slaing" in 5 Office sed as a		0	PART II. C	THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TO	ERMINAL DISEAS	SE CONDITION GIV		PERFORMED?
d 'pen miner's			200. EXTERNAL C	AUSE WAS ONTRIBUTING   20	b. DESCRIBI	E HOW INJURY OCCURRED. (	Enter nature of injury in	Port I or Port II	l of item 18.)		
INER: This the word lical Exam 3 shauld			20c. TIME OF IN.	1.	While		CE OF INJURY (Home, tory, street, office bldg.,	form, 20f. (Cit	y or town)	(County)	(Stote)
AMing the					of the	remoins described obe	ove, held on Auto	psy , I	nspection []	Inquiry [	, and find that
writ Writ OR:			death resulte	ed from Mofurol	couses [	Accident . Su	icide , Homic	ide 🔲, U	ndetermined o	couse .	
cate, wri cate, wri the Chief DIRECTOR:			ACTUAL	Made	57	OKONNEL	M.D. CHIEF MEDICA	L EXAMINER			DATE SIGNED
DEPUTY of the construction of the construction	moval.	2	EXAMINER'S NAME (Type)	barles	F.C	5 DONNE	, /	DICAL EXAMINER		-12	11/59
o DEPUT cute the forward O FUNER	or re	-	20. BURIAL, CREMAT REMOVAL (Speci	ION. 22b. DATE THEREC		22c. NAME OF CEMETERY OF	CREMATORY	Range of the last	ATION (City, town,	or county)	(Stole)
1 1	0	1	Burial STREET	12/14/5	3	St.Stanisla		BALTO	TRAR 24b. REGI	STRAR'S SIGNATU	RE
VS. A15ME(	(5)	1	101 E	meral Dir	ecto:	TB .				Irahun S. Ku	
3m 7733	X	E	a.m.e	ndso vo	•				•		



MARYLAND

o. STATE

MARYLAND.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

je 4		tar,	page 3 should be detached far use as the burial-transit permit. Then please remave corbon popers. Pages 1 and 2 shauld be filed with	The same of
TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs received within		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me funeral director,	filed	1
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	ir.	DIRE	ld be	priar
ITAL	reta	RAL	shou	istrar
HOSE	may be retained by the hospital ar attending physician.	FUNE	age 3	the registrar priar to buriol, crematian, ar removol, and in any event within 72 hours after death.
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1. PLACE OF DEATH

BALTIMORE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page

000		RURAL ond give no		limits, write	c. LENGTH OF STAY	1-4-	TOWN (If o	outside corpor	ote limits, write R	URAL and give	e nearest tow	n)
0 90 grand		OR INSTITUTION	SON TAL (If not in hospito IN CONVELS)			d. STREET		AVENU	TE.	gT		SIDENCE A FARM?
and		NAME OF		First	Middle		ast	4. DATE	Mor	nth	Day	Year
		DECEASED Type or print)	HARMON		PAUL.	GESSFOR	D	OF DEATH	DECEME	ER	23	1959
- 1	S. 5	EX		CE 7. MAR	RRIED NEVER MARRIE	B. DATE OF BIR	RTH		9. AGE (In years lost birthdoy)	IF UNDER 1 Y	_	7
	N	ALE	WHITE	WIDOW	VED DIVORCED	□ 8 APRII	L 1902		57 yrs.	Months Do	bys Hours	Min.
	C	USUAL OCCUPATION during most of wor FFICE MAN	king life, even if reti	red)	OUTHERN FUEL	CORP. MAI	RYLAND 'S MAIDEN N		ountry)	12.CITIZE	N OF WHAT	COUNTRY?
			COMORD									
	15	PAUL GE	ER IN U. S. ARMED F	ORCES? 14	S. SOCIAL SECURITY NO.	INFORMANT	LICE P	RIOR	Add	ress		
-	(Yes	, no, or unknown)	(If yes, give war or dates NONE	of service)	219-14-3607	MRS. ELI	7 A DEPUTE	II OF		406 CE	NTRAT.	AVE
		18. CAUSE OF DEA	ATH [Enter only one ATH WAS CAUSED B IMMEDIATE CAUSE DUE	E (o)	line for (0) (b), and (c).]	of live				1	INTERVAL BI	ETWEEN
0	FICATION		the <u>under-</u> DUE	(c)ONDITIONS	CONTRIBUTING TO DEA			Jan.	5 6	/EN IN PART 1	PERFO	AUTOPSY DRMED?
	L CERTI	OR CONTRIBUTING	AS UNDERLYING DEAD CAUSE OF DEAD MEDICAL EXAMINE	TH	SCRIBE HOW INJURY OC	CURRED, (Enter noture	or injury in	ron i or ron	n or nent to.)			-1-5
	MEDICAL	20c. TIME OF INJUI Hour o.m. p. m.	,,,	While		20e. PLACE OF INJURY foctory, street, offi			or town)	(Cou	unty)	(Stote)
		21. I certify the alive an	hat I attended to 29 22 Solut 7	the deced		death accurred a	12°A	M, fram	3 , 19 <i>55</i> the causes ar reet, city or town,	nd an the o	date state	deceased d abave. TE SIGNED
		PHYSICIAN'S NAME (Type)										
	220	BURIAL, CREMATIC		REOF		TERY OR CREMATORY		22d. LOCAT	ION (City, town,	or county)	(Sto	ite)
		BURIAL	26 DEC.	959	- 1	ILL CEMETE		TOWS		MARY		
1/2	23.	FUNERAL DIRECTOR	SIGNATURE S	nis	ADDRESS CONTRACTOR	w ml.	24a. REC'	D BY REGIST 2 8 '59		ISTRAR'S SIGN		

YES NO 14

BALTIMORE

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THE CATALOG IN COLUMN TO SEE AS A SECURE

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

1	3	3	7	4

	1339	38	CERTIFIC	ATE OF DEA	TH		Reg. Dist. I		3 4 7
PLACE OF DEATH     a. COUNTY	Baltimore	2	MARYLAND	2. USUAL RESIDENCE, o. STATE Md.	Where deceased I	ived. If institution b. COUNTY	Balti		sion)
RURAL and give	ITAL (If not in haspital,		ENGTH OF STAY IN 16	c. CITY OR TOWN (  ** Park    g. STREET ADDRESS	rille	te limits, write RI	JRAL and give		stDENCE
OR INSTITUTION	7901 Oak	leigh 1	Rd.	7901 (	Dakleig	h Rd.			NO 🔯
3. NAME OF DECEASED (Type or print)	Hilda	rst	Amelia Gi	annaccini	4. DATE OF DEATH	Dec.	2	9	Year 19 5 9
5. SEX temale	6. COLOR OR RACE	7. MARRIED [	NEVER MARRIED DIVORCED	April 5.	1903	AGE (In years last birthday)  O yrs.	Months Day	-	Min.
during most of wa	rking life, even if retired	dane 10b. KIND	OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (St.	and	ntry)	12.CITIZEN	A PARTO	COUNTRY
Walt	er W. Lut	3		14. MOTHER'S MAIDEN	ia Capt	ain			
15. WAS DECEASED EV (Yes. no, or unknown)	ER IN U. S. ARMED FO		AL SECURITY NO.	John W. K	71130	Addr	ess		
PART I. DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	0.	(a), (b), and (c).]	Street	bosis		li o	NTERVAL BE	TWEEN DEATH
Canditions, if gave rise to cause (a), stating lying cause last	immediate DUE TO	an	teres Se	lerotice 1	Mysen	dores		2 42	5
-	, ,		RIBUTING TO DEATH BL	T NOT RELATED TO THE TEL	RMINAL DISEASE C	CONDITION GIV	EN IN PART 1(a	PERFC	AUTOPSY DRMED?
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	'AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature of injury	in Part I or Part II	af item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Ye	While	Y OCCURRED 20e. F Nat while at wark	PLACE OF INJURY (Hame, fractary, street, office bldg.,	arm, 20f. (City a	r tawn)	(Coun	ty)	(State
21. I certify t	hat I attended the	deceased f	ram 9/6	19.57, to	12/29 LM, from th		that I last s		
ACTUAL SIGNATURE	Mmbo	ma	y	M.D. 8358		et, city or town,			TE SIGNE
PHYSICIAN'S NAME (Type)	w.m.c	onwa	yms.		Towso.	n 4, m	d.		
220. BURIAL, CREMATION REMOVAL (Specify	ON, 226. DATE THEREO	0F 220	Parkwood	or crematory emetery		imore,	Md.	(Stat	te)
23. FUNERAL DIRECTOR	J. Ruck 5	305 Ha	rford Rd	24a. RI DATE	DEC 3 1 55	R 24b. REGIS	TRAR'S SIGNA	FURE	

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	ay Ball ones	Asia Commence	The Particular	Description of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13399

**CERTIFICATE OF DEATH** 

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eg.	Dist. No.		

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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay the death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by. The funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs, after death.

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VS A15 (4) 15M 9/58

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								Keg. Dist.	110.	
PLACE OF DEATH     O. COUNTY	Baltimore		MARYLAND	2. USUAL RESI	Mary]		l lived. If institution b. COUNTY	on: Residence	before od	missian)
Fort Howar	(If autside corporate limi negrest tawn)	ts, write	c. LENGTH OF STAY IN 16		TOWN (IF		rote limits, write R	URAL ond giv		own)
OR INSTITUTION	ITAL (If not in hospitol, g			d. STREET		Ruxton	Avenue		O	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	JOHR		Middle <b>E</b> •	GIBSON		4. DATE OF DEATH	Decembe		Day 30	Year 159
5. SEX Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRT			9. AGE (In years lost birthday) yrs.	Months D	YEAR IF U	
Tractor Op	ON (Give kind of wark or rking life, even if retired		KIND OF BUSINESS OR IND	USTRY 11. BIRTHP	ince (Stote	or fareign co	ountry)		S.A.	ATCOUNTRY
3. FATHER'S NAME  Charles	E. Gibson			14. MOTHER'S		Washir	gton			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	ATTACK TO THE RESERVE OF THE PARTY OF THE PA	INFORMANT		Miles I	Add		rd Di	visio
592 X Conditions, if a gove rise to cause (o), stating lying couse lost	the <u>under-</u> DUE TO	)	CONTRIBUTING TO DEATH BL					EN IN PART 1	UNK	AS AUTOPSY
□ OR CONTRIBUTING	'AS UNDERLYING  G CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature o	of injury in	Port I ar Port	II of item 18.)	· <u> </u>		REFORMED?
-	RY Month, Day, Yee	While		PLACE OF INJURY octory, street, offic	(Hame, form e bldg., etc	m, 20f. (City	or town)	(Car	unty)	(Stote
ACTUAL SIGNATURE			sed from March 2	h accurred at	11:10 , BAL'	ADDRESS (St. MD.	the causes an	d an the ( state)  RD DIV	date sta ( 12/	
220. BURIAL, CREMATIC REMOVAL (Specify	22b. DATE THEREO	F	22c. NAME OF CEMETERY Balto. Nation		ery		ION (City, town, o	or county)		State) Irylan
23. FUNERAL DIRECTOR	r's SIGNATURE	Hom	ADDRESS	n Pd	24a. REC	D BY REGIST		TRAR'S SIGN		

Balto. Md.

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S. C. L. C.			188	
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

		1111						Neg. Dist.	110.	
1, PLACE OF DEAT o. COUNTY	Baltimore		MARYLAND	2. USUAL RESID	Md .	ere deceased li	ed. If instituti b. COUNTY	on: Residence Balt:	before admiss imore	ion)
b. CITY OR TOV RURAL ond gi Upper	VN (If outside corporate limi ve nearest town) CO	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TO		rtside corporate	e limits, write R	URAL and give	nearest town	n)
d. NAME OF HO OR INSTITUTI	OSPITAL (If not in hospitol, good Trenton			d. STREET AT		oad				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fir Rachel		Middle ginia (Jenn	tost ie) Gill		4. DATE OF DEATH	Dec . 1	<del>المرار</del>	Doy	Yeor
5. SEX Female	6. COLOR OR RACE		RIED NEVER MARRIED	Aug . 28,	1881	9.	AGE (In years last birthday) 78 yrs.		YEAR IF UNDI	
10a. USUAL OCCUP		done 10b.	KIND OF BUSINESS OR IND	60.44	ryla:		try)		J.S.	COUNTRY?
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	AME				
John	Wesley Pri	ce		Ama	nda :	Derr				
	EVER IN U. S. ARMED FOR	CES? 16.	social security no. 17.	Mrs.Mitc	hell	Hale	Upper	co, Md		
gove rise for couse (a), sto lying couse 1	if any, which to immediate thing the under ost. (c  OTHER SIGNIFICANT CON	) DITIONS C	CONTRIBUTING TO DEATH BL  Mellitus	,				VEN IN PART I	PERFO	AUTOPSY PRMED? NO []
	TWAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)  NJURY Month, Day, Yec		CRIBE HOW INJURY OCCURR	RED. (Enter nature of						
Hour a.	m. 19	While of work	k ot while	factory, street, office	bldg., etc.)			(Cou		(State)
21. I certify olive on(  actual signature  PHYSICIAN'S NAME (Type)_	that I oftended the Dec 16  W.H.F	decease , 195	ed from man	, 19 <u>50</u> th occurred ot/ M.D. MA	0:30 A	M, from t	he couses of city or town,	ond on the	date state	deceased ed obove. ATE SIGNED
220. BURIAL, CREM. REMOVAL (Spe BURIAL	Dec • 19,		20c. NAME OF CEMETERY St. Paul	OR CREMATORY			(City, town,		(Stot	e)
J.F.E.		,Rei	ADDRESS Lsterstown,	Md.	240. REC'D DATE DE	BY REGISTRAL	24b. REGI	STRAR'S SIGN	TURE	

death. Page 4 may be relaine the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by "Affaired director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OF VS A15 (4) 15M 10/57

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Continue Manister   Victoria				
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	(E.S)			

1050T	CERTIFICA	AIL OF DEATH	Reg. Dis	it. No.
1. PLACE OF DEATH 6. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deco	eased lived. If institutions Residence b. COUNTY Cha	re before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catonsville	5mth3dys		orporote limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stre		d. STREET ADDRESS Star Route		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Milford	Middle	tosl 4. DA	TE Month	Doy Yeor 10 19 59
7 13 14	ARRIED NEVER MARRIED DIVORCED K	8. DATE OF BIRTH Sept. 9, 1877		1 YEAR IF UNDER 24 HRS. Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	%. KIND OF BUSINESS OR INDU			ZEN OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Unknown		Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service) Unknown	16. social security no. 17. 1 Unknown	Records: SPRIN	Address G CROVE STATE	HOSPITAL
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTION TO REATH BUT	T NOT DELATED TO THE TERMINIAL DI	SEASE CONDITION CHEN IN BARI	TIGHT 10 WAS AUTOPSY
САТО				PERFORMED?
	SESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port 1 or	Port II of item 18.)	
Hour o.m. Wh	1-	LACE OF INJURY (Home, form, 20f. octory, street, office bldg., etc.)	(Cily or town) (C	county) (State)
21. I certify that I attended the dece alive an Dec. 10 19	70	occurred at 10:10a M,	SS (Street, city or town, state)	ne date stated abov
PHYSICIAN'S Stella Wachsl  220 TURIAL, CREMATION, 22b. DATE THEREOF  OFEMOVAL' (Specify)	er, M. D.	Catonsville	28, Maryland OCATION (City, town, or couffy)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS!	24g. REC'D BY RE	300 Bld Jr. EGISTRAR 24b. REGISTRAR'S SIG	HATURE
A. Hakey Tonds	3/8 Lugle	L DATE DEC 2	1 '59 Colling &	. Thats

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, ofter death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL D'ASCTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours/after death.

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VS A15 (4) 15M 9/55

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			OF \$100 Persons and the contract of the contra	
	areas actigoration			
	March September			26.5
	STATE OF THE PARTY			
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13402

#### CERTIFICATE OF DEATH

Reg. Dist. No.

o. COUNTY	n	070	MARYL		USUAL RESIDENCE (Vo. STATE Mary	Where deceosed	d lived. If institution b. COUNTY	on: Residenc	e before odr	missian)
b. CITY OR TO	WN (If ourside cor	porote limits, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (I	f outside corpo	rote limits, write R	URAL and g	ive nearest to	own)
	Ft Howard	1	6 hours 15	min.	Balt	imore			310	1.4
d. NAME OF OR INSTITU		haspital, give stree			d. STREET ADDRESS				e. IS	RESIDENCE
		nistratio	n Hospital		1903	W Bal	timore St			☐ NO 【
B. NAME OF DECEASED		First	Middle		Last	4. DATE OF	Mon	th	Day	Yeor
(Type or print)		EDWARD	J		HECKER	DEATH	Decembe	r	6	19 59
5. SEX	6. COLOR		RRIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years		YEAR IF U	VDER 24 HRS
Mal	e Whi	to WIDOV	WED DIVORCED		arch 10, 1	893	last birthday)	Months	Days Hou	ırs Min.
Oo. USUAL OCC	JPATION (Give kin	d of wark dane 10t	. KIND OF BUSINESS OR				ountry)	12. CITIZ	EN OF WHA	TCOUNTRY
	f working life, eve		Bakery Shop		Baltimor	e Marv	land		USA	
Baker 3. FATHER'S NA	AE.		pakery phop	11.	MOTHER'S MAIDEN		LULIA			
					Marie Ha	nhamma	n			
	d Hecker DEVER IN U. S. A	RMED FORCES? 114	S. SOCIAL SECURITY NO.	INFO	MANT TE TE	T. DeLing:	Addı	ress		
(Yes, no, or unknown)	(If yes, give war	r or dates of service)				7-7 7		200	d Di	gion
yes	WM		18-28-7628	GLin	Rec VAH E	alto T	o, Mart	TIOM BIL		
	I. DEATH WAS CA		line far (a), (b), ond (c).] REBRAL THROM	BOSTS	TOTM THEST	TE CER	EBRAL ART	FRY	ONSET A	BETWEEN ND DEATH
33	2 VIMMEDIATE	DUE TO	ALEMICAL TIMOT.	DODIO	Jim I TELDI	7111 0111				-0 -
Condition	, if any, which )	170	EMA LUNGS						12 }	nours
	to immediate	(b) Hall	EMM LONGS							20020
couse (a), s	oting the under-	DUETO								
		CANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NO	PELATED TO THE TED	MINIAL DISEAS	E CONDITION CIV	FNI INI PADT	1(a) 19 W	AS ALITOPSY
Ger Ger					tes Melli		E CONDITION GIV	FIA HA LWKI	PEF	FORMED?
20a. ACCIDE OR CONTRIE (IF EITHER, N	NT WAS UNDERLYI UTING [] CAUSE ( OTIFY MEDICAL EX	ING   20b. DE	SCRIBE HOW INJURY OC				t II af item 18.)			
20c. TIME OF	INJURY Manth, a. m. p. m.	Whil			OF INJURY (Home, fo street, affice bldg., e		or town)	(C	ounty)	(State
21. I cert	fy that X atten	nded the deced	sed fram 10:15A	M Dec	619 59 tal	30PM D	ec 6 19 59	hatalas	EXCENSIVE AND A PARTY OF THE PA	XSCENCE
			OCCOCCC and that o			_				
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ACTUAL	John C	N. Cra	word	M.D.	VAH BALT	0 18, M	D FT HOW	ARD DI	V. 1	2/7/59
PHYSICIAN'S NAME (Type	JOHN	W. CRAWFO	ORD M.D.		VAH BALT	0 18, M	D FT HOW	ARD DI	TV :	12/7/5
20. BURIAL, CRE REMOVAL (S		TE THEREOF	22c. NAME OF CEMET	ERY OR CR	EMATORY	22d. LOCA	TION (City, town, o	or county)	(5	Stote)
Buria	16	-10-00	Baltimore	Nat:	onal	Bal	timore,			-103
	CTOR'S SIGNATUR	RF.	ADDRESS		240 PF	C'D BY REGIST	PAR 245 REGIS	STRAR'S SIG	NATURE	
			110011233					Lithun &		

funeral director, filed with may be retain. By the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by Arte funeral page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. the registrar priar to burial, crematian, or removal, and in any event withi<u>n 72</u> hours ofter death.

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requires that the death certificate be executed within 24 haurs

TTENDING PHYSICIAN: The low

death. Page 4

TO HOSPITAL O VS A15 (4) 1SM 9/5B

entries to the state of the sta Experience of the state of the THE STATE WHETH STATE OF THE ST THE RECEIPT OF THE OWNER WAY AND A PROPERTY OF THE STREET Marketta and the second of the company of the second of th este sa la di los de montesta de 1966 par la procesa de 1966 par la composición de 1966 par la composi

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13379

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Bal timore Maryland b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River Middle River d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM 440 White Thorn Way White Thorn Way YES NO NAME OF First Middle DATE DECEASED OF DEATH 28. December 59 PEARL MAE HEDDERMAN (Type or print) 19 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. Months June 21. 1893 Days Female White WIDOWED A DIVORCED T 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during post of working life, even if retired)
Housework Baltimore, Maryland USA at Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Kraft Lynch Sara 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Mr. Edward Brown-440 White Thorn Way -20 no 1B. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which) gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. TACE OF NJURY (Home, form, 20f. (City or lown) (County) (Slote) Hour o. m. While Not while at work of work p. m. 21. I certify that I tack charge of the remains described above, held an Autapsy , Inspection I Inquiry I and find that death resulted fram: Natural causes 12. Accident , Suicide , Hamicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Baltimore, Mary land Park Loudon Cemetery Dec.31 Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE H. Sander & Sons, Inc. Balto., Md. arthur & trava

VS. A15ME(5)

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	dan Epole, Anglile			
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# TO HOSPITAL O TTENDING PHYSICIAN: The low requires that the death certificate be executed within 14 nauray are detained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. r death. Poge 4 090

VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13404 CERTIFICATE OF DEATH

1338()

10404	CERTITIOAT	E OI BEAIN	Reg. D	ist. No.
1. PLACE OF DEATH a. COUNTY BALLO,	MARYLAND 2.	usual RESIDENCE (Where do	eceosed lived. If institution: Reside b. COUNTY	ence befare admission)
SCITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	CITY OR TOWN (If autside	carporate limits, write RURAL and	I give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of or INSTITUTION	ddress)	d. STREET ADDRESS	mont as	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) LAURA First C.	HEINMUE	111-0	DATE Month OF DEATH WELL	Day Yeor 4 1959
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		DATE OF BIRTH 77	9. AGE (In years lost birthdoy)  Manths	Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired)	Thomas	11. BIRTHPLACE (State or for	reign country) 12.CI	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME		Murgaret	morsberg	er
15: WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	OCIAL SECURITY NO. INFO	ormant tilda	Heimmus	eller
18. CAUSE OF DEATH [Enter anly one cause per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	for (a), (b), and (c).]	otie C.V.	Sissere	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which gave rise ta immediate couse (a), stoting the <u>under-lying</u> cause lost.	sugresse c	Jest o	Journa	1 wx
PART II. OTHER SIGNIFICANT CONDITIONS CO.  Theolure of a	Ceft Hip-			ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE-HOW INJURY OCCURRED. (I	Enter nature af injury in Part I	or Port II af item 1B.)	
20c. TIME OF INJURY Manth, Day, Year 20d. IN. Hour o. m. p. m. 19 While at wark	Not while foctory	OF INJURY (Home, farm, y, street, office bldg., etc.)	f. (City ar town)	(County) (State
21. I certify that I attended the decease olive on 12 -4 - 59, 19	d from 10 -1	, 1956, to 12	from the couses and on the	last sow the deceose ne dote stoted obove
ACTUAL SIGNATURE James SHO	weep M.E	Calva	ESS (Street, city ar tawn, state)	DATE SIGNE
PHYSICIAN'S NAME (Type)				
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR C	REMATORY 22d.	LOCATION (City, town, or county	(Stote)
23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS 28	24o. REC'D BY	REGISTRAR 24b. REGISTRAR'S S	

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DATREC 2 1 '59

Orthur S. Kraus

VS A15 (4) 15M 9/5B

13405 CESTIPONTE OF DEATH the same of the sa And Color Arms Somethers The second secon and the season program in product the season was the TOTAL OF ALL CALLES THE SERVICE WOOD The agreement of the warreness of the state . In the total . W. A. RECEIPTED TO THE PROPERTY OF THE SECOND SECO

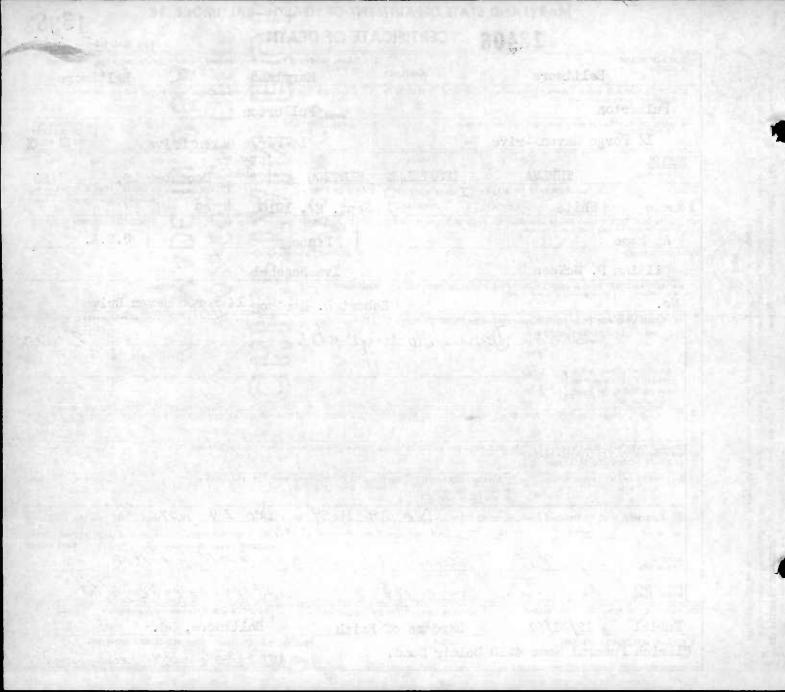
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VS A1S (4) 1SM 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13/06 CERTIFICATE OF DEATH 13382

		مئد و	7301	3						Reg. Dist	. No.	
1.	PLACE OF DEATH					2. USUAL RESID	ENCE (Whe	ere deceased	lived. If institut		e befare a	dmission)
		Baltimore		MARY	LAND	Maryland Baltimore					ore	
	b. CITY OR TOWN ( RURAL and give n Fullerte		ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Fullerton						
	d. NAME OF HOSPI OR INSTITUTION 14 FO	ral (If not in hospitol, greater Haven D	rive street	oddress)		/ d. STREET ADDRESS  14 Forge Haven Drive				Ve	e. IS RESIDENCE ON A FARM? YES NO 🛐	
3.	NAME OF	Fir		Middle		Last		4. DATE OF	Mo		Day	Year
	DECEASED (Type or print)	THELMA		ISSABEL	LE	HERTZOO		OF DEATH	Decemb		50,	1959
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	ED 🔲	B. DATE OF BIRTH			<ol><li>AGE (In years lost birthday)</li></ol>	Months		JNDER 24 HRS.
F	emale	White	WIDOWI	ED DIVORCE		Sept. 27	, 191		49 yrs.		Doys He	ours min.
00	during most of war	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	STRY 11. BIRTHPL	ACE (State o	or fareign co	untry)			IAT COUNTRY?
	At home					Per	ına			U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
		D. McKean				Iva	Beach	el				
S. (Ye	s, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war ar dates of s	CES? 16.	SOCIAL SECURITY NO	1300	NFORMANT		7.4		dress		
	No.				Ro	bert L.	Hertz	og 14	Forge H	aven L	rive	
		ATH [Enter only one co	use per li	ne for (a), (b), ond (c).	]	1	./2					AND DEATH
	PARI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (d	1	Duno 10	"There	40001	2	-	S. JIVON		1 A	Still 1
	131X	DUE TO				1						1/
	Conditions, if o		)									
	gove rise to i couse (o), stoting		)									
	lying cause lost.	) (c									1	
CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THETERMIN	VAL DISEASE	CONDITION GI	VEN IN PART	P	VAS AUTOPSY ERFORMED?
CERTIFI	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	), (Enter noture of	injury in P	ort I or Port	II of item 18.)	1.5		
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Doy, Ye	ar 20d. II While at war	NJURY OCCURRED  Not while t ot work		ACE OF INJURY (I story, street, office			or town)	(C	ounty)	(State)
		nat I attended the	deces	ad from Ma	20	9 . 19 59	. ta4	1201 2	9 105	About I los	A Ab	ne deceased
	alive an	idi i dilelided ille	10		ما مسفام	+	- 11 "	M fame A				
	alive an		, 19	, and that	aeain	accurred at_			he causes ar		aare sr	DATE SIGNED
	ACTUAL SIGNATURE	words	15	4 TEERS		M D	20	30	1/01/0	17 74	9	
	PHYSICIAN'S NAME (Type)	Leone	126	Gruss	7.1		730	1/12	not P	20	Med	
220	BURIAL, CREMATIC		)F	22c. NAME OF CEMI	ETERY O	P CREMATORY		22d. LOCATI	ION (City, town,	or county)		(State)
	Burial Specify	12/31/59		Gardens					more, M			15.5.0)
23.	FUNERAL DIRECTOR	'S SIGNATURE	4070	ADDRESS			24a. REC'D	BY REGISTE	T	ISTRAR'S SIG	NATURE	
-	olirich fu	meral Home	4210	Belair Ros	ad.		DATE DE	EC 31 '5	59 (	7.12.00 8	4.	



2/08	CERTIFICATE	OF	DEAT
3407	CERTIFICATE	Or	DEA

13383

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Md.	ere deceased lived. If institu b. COUNT		fore admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporote limits, write	RURAL and give r	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Pinehurst Rd.	address)	d. STREET ADDRESS  6405 Pinel	nurst Rd.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) JOHN	Middle R.	Lost HIMES	4. DATE MO OF DEATH	Dec.	10, 19 59
S. SEX   6. COLOR OR RACE   7. MARRI  male   white   WIDOWE	D DIVORCED	Feb. 5, 1887	9. AGE (In year last birthday)	Months Day:	
	kind of Business or Indus Contractors	Md.		12. CITIŽEN	OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
John Himes  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	COCIAL CECURITY NO. 1	Emma Gardr		Idress	
(Yes, no, or unknown) (If yes, give wor or dates of service)		rs. Helen F.			st Rd.
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO  Lying cause last.	generaliz	ed arter	wollnow	0	ITERVAL BETWEEN NSET AND DEATH 2 LIFT
PART II. OTHER SIGNIFICANT CONDITIONS C				IVEN IN PART 1(a)	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	Part I ar Part II of item 18.)		
ZOc. TIME OF INJURY Month, Day, Year 20d. IN Haur a. m. 19 While at wark	Not while fac	ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.	20f. (City or town)	(Count	y) (State)
/ 11.0	5-9, and that death	accurred at	M, from the causes of ADDRESS (Street, city ar town	ind an the da	
PHYSICIAN'S Franklis NAME (Type)  PHYSICIAN'S NAME (Type)	in E les lie	w.b. 74297	o. Charles	malor	my
22a. BURIAL, CREMATION, REMOVAL (Specify)  Burial  12/12/59	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town	Md.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	SADDRESS BAT	240. REC'E		GISTRAR'S SIGNAT	

death. Page 4 be filed with funeral directar, may be retaine by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, or remayal, and in any event within 72 hays after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL O

VS A15 (4) 1SM 9/S8

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death. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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wither		"hard"		-

13408

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Bal	ltimore		MARYL	AND 2.	USUAL RESIDENCE (Vo. STATE : Md.	Where deceased	lived. If institut b. COUNTY		ce before o	
RURAL ond give n	(If outside corporate limited rest town) SVILLE	ts, write	c. LENGTH OF STAY IN	v 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  52 Catonsville					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, of Rolling R		oddress)		d. STREET ADDRESS	Rolling	Rd.		(	S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	ANNA	st	Middle E .	ŀ	Lost IOLLAND	4. DATE OF DEATH	Mo	nth Dec.	Doy 21.	Yeor 19 59
5. SEX female	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years lost birthdoy) 711 yrs	Months	1 YEAR IF	UNDER 24 HRS.
100. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10h. I	The state of the s	INDUSTRY	11. 8IRTHPLACE (Stot	te or foreign co			IZEN OF V	VHAT COUNTRY?
3. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME				
Jacob Wol		erea la c			Unknown					
1S. WAS DECEASED EVE (Yes, no. or unknown) NO	(If yes, give war or dates of s		none	17. INFO	Gordon M.	. Holla		N. R	ollin	g Rd.
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	the under-	, A	RERRA	CLE	ROTIC	CAR DIS		5406	AR	MY OF
CAT			DIABET	Es	MELIL	LITU	2	VEN IN PART	P	VAS AUTOPSY ERFORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED. (Er	nter noture of injury in	Port I or Port	II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Yes	20d. IN While of work	Not while	0e. PLACE ( foctory,	OF INJURY (Home, for street, office bldg., et	rm, 20f. (City	or lown)	(0	County)	(Stole)
21. I certify the alive on	and I attended the	decease , 19		leath occ	19 57 to curred at 650	ADDRESS (Str	the causes of the cause of	and on th	ne date s	stated above.  DATE SIGNED
PHYSICIAN'S NAME (Type)	James E.	Rowe	e, M.D.	Wi.D.			7 4252			
220. BURIAL, CREMATIC REMOVAL (Specify) BULLAL	12/24/5		22c. NAME OF CEMET			22d. LOCATI	ON (City, town,			(Stote) e, Md.
23. FUNERAL DIRECTOR	'S SIGNATURE	14	ADDRESS	Sat		DEC 2 4		STRAR'S SIG	NATURE	

by the haspital or attending physician.

CTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with to burial, crematian, ar remaval, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 hours

M 140 g =	TIMES TO DEEN	HITS ID			
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	americanos de Librar			P. Carlo	
	AMES INVESTIGATION				
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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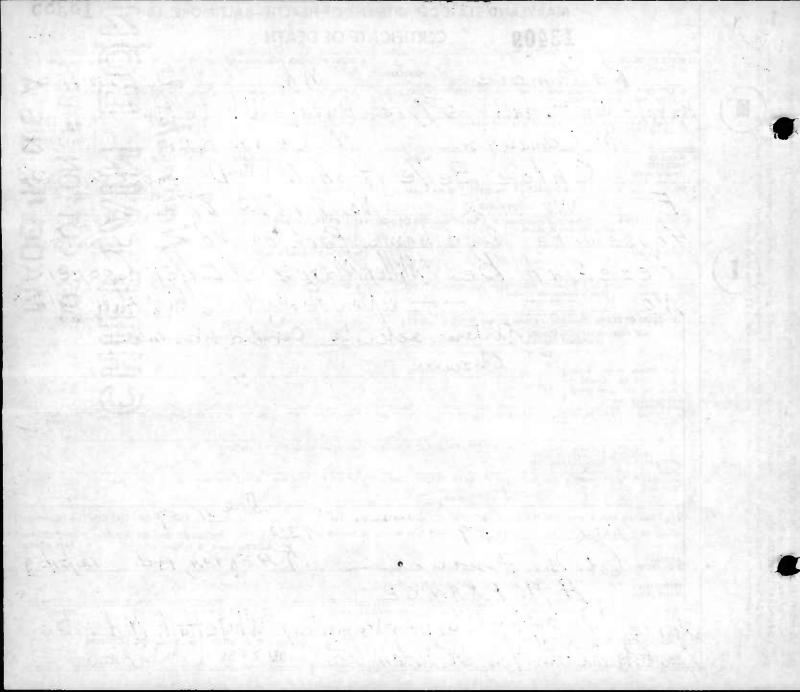
**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH BALTIMONE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution): Residence before admission) b. COUNTY  The same of the
b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest fawn);	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION AND CONTROL OF THE PROPERTY OF T	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
mas Kd.	VI Comas Ka, YES NO
3. NAME OF DECEASED (Type or print) Choe Belle	Hoshall December 21, 1959.
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HIS. Wanths Doys Hours Min.
during most of working life, even in retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S MAME	1 14. MOTHER'S MAIDEN NAME
Hezekiah BestMill	erMargare/Ellen Cooper
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or upknown) (If yes, give war or dates of service)	Ston Hashall Elliste Stall Md.R. &
1B. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c)-]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Where Sol	enti Cartis Vastada
4 2 2 1 DUE TO	
Canditions, if any, which gave rise to immediate (b)	
cause (a), stating the under-	
	LUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
O FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATTH	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. While Nat while at work at work at work	PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) factory, street, affice bldg., etc.)
21. I certify that I attended the deceased fram.	1950, to 21, 195 9that I last saw the deceased
alive an hee, 24 , 19 5 9, and that dec	oth accurred at £30AM, fram the causes and an the date stated above.
ACTUAL (1) 2 7	ADDRESS (Street, city ar tawn, state)  DATE SIGNED
SIGNATURE M. France	17/1/10 19 19 12/21/39
PHYSICIAN'S A. M. FRANCE	
229 BURIAL, CREMATION. 226. DATE/THEREOF 22c. NAME OF CEMETERY LEMOVAL (Specify) 2/2/4/59 VOYNON	OF CREMATORY 1 22d. IDEATION (City, nown, or county), (State)
28. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Xxxx Harlenslein, New Fix ocodos	n Va DATE DEC 24'59 arthur S. Kraus

r death. Page 4 the funeral director, filed with TO HOSPITAL OF ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of death way be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remays-eachan papers. Pages 1 and 2 should be the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.



1.	DIACE OF DEA	тн imore	Topics !	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary		d. If institution b. COUNTY	on: Residence t	before odmis	sion)
	b. CITY OR TO	WN (If outside corporate I give neorest town)	limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate l	limits, write R	URAL ond give	nearest tow	n)
		Howard		201 days	Gamb	rills		02X	-2	
50	OR INSTITU	IOSPITAL (If not in hospita TION			d. STREET ADDRESS			4.59	e. IS RES	SIDENCE A FARM?
20	Vete	rans Adminis	stration	n Hospital					YES	] NO [
3.	NAME OF DECEASED (Type or print)		First JOSEPH	Middle T.	HOWARD	4. DATE OF DEATH		ember	Day 1	Year 19 59
S.	. SEX	6. COLOR OR RAC	CE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years ast bigthday) OO yrs.	Months Do		ER 24 HRS
	Male	White	WIDOWED	DIVORCED [	December 14,	1892	66 yrs.			
10	during most of Painte	of warking life, even if reli	ork done 10b. Ki ired)	IND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State		γ)		S.A.	COUNTRY
13	B. FATHER'S NAM	AE			14. MOTHER'S MAIDEN					
	Willia	m Howard	100		Rache	l Robins	on			
15	WAS DECEASE	ED EVER IN U. S. ARMED F			INFORMANT		Add			
	Yes	WW I	21	7-07-7039C	Lin.Records.VA	H, Balto.	Md. Ft	. Howar	rd Div:	15101
-	Tin CALLER O		nor tine	for (a) (b) and (c) ]		INTERVAL BETWEEN ONSET AND DEATH				
		OF DEATH [Enter only one							ONSET AND	DEATH
		I. DEATH WAS CAUSED B IMMEDIATE CAUSE		RCINOMA OF T	HE BLADDER		199.2		5 year	DEATH
		I. DEATH WAS CAUSED B	Y: CAI		HE BIADDER		1982		_	DEATH
	PART / 8 /	I. DEATH WAS CAUSED B IMMEDIATE CAUSE DUE	Y: CAI		HE BIADDER				_	DEATH
	PART  / 8 /  Conditions gave rise	I. DEATH WAS CAUSED B IMMEDIATE CAUSI DUE I, if any, which to immediate	Y: CAI		HE BIADDER				_	DEATH
	Conditions gave rise couse (a), si	I. DEATH WAS CAUSED BY IMMEDIATE CAUSION DUE  is, if any, which to immediate lating the under- lost.	(b) (c)	RCINOMA OF T					5 year	rs
Z	Conditions gave rise couse (a), si	I. DEATH WAS CAUSED BY IMMEDIATE CAUSION DUE  is, if any, which to immediate lating the under- lost.	(b) (c)	RCINOMA OF T	HE BLADDER  UT NOT RELATED TO THE TERM	NINAL DISEASE CO	NDITION GIV		5 yea:	AUTOPS ORMED?
0 40	Conditions gave rise couse (a), st lying couse	I. DEATH WAS CAUSED BY IMMEDIATE CAUSION DUE to immediate to immediate to immediate to lost.  DUE TO STATE OF THE SIGNIFICANT COMMENTS IN THE	(c) CAI	RCINOMA OF T	UT NOT RELATED TO THE TERM		3		5 yea:	AUTOPS ORMED?
	Conditions gave rise couse (a), st lying couse	I. DEATH WAS CAUSED B IMMEDIATE CAUSION DUE  is, if any, which to immediate dusing the under- lost.  II. OTHER SIGNIFICANT COUNT WAS UNDERLYING UTING CAUSE OF DEA	Y: CAI  TO  (b)  TO  (c)  ONDITIONS CO	RCINOMA OF T			3		5 yea:	AUTOPS ORMED?
CFPTIFI	PART  Conditions gave rise couse (a), si lying couse PART  200. ACCIDE OR CONTRIB (IF EITHER, N	I. DEATH WAS CAUSED B IMMEDIATE CAUSION DUE  i, if any, which to immediate to immediate loting the under-lost.  II. OTHER SIGNIFICANT COUNTY WAS UNDERLYING UTING CAUSE OF DEA OTIFY MEDICAL EXAMINE	(b) (c) ONDITIONS CO	ENCINOMA OF T	UT NOT RELATED TO THE TERM RED. (Enter noture of injury in	Port 1 ar Port II o	f item 18.)		5 yea:	AUTOPS  AUTOPS  ORMED?
CFPTIFI	PART  Conditions gave rise couse (a), si lying couse PART  200. ACCIDE OR CONTRIB (IF EITHER, N	I. DEATH WAS CAUSED B IMMEDIATE CAUSION DUE  is, if any, which to immediate to immediate lating the underlost.  II. OTHER SIGNIFICANT COUNTY WAS UNDERLYING UTING CAUSE OF DEA OTIFY MEDICAL EXAMINE INJURY Month, Day,	(b) (c) (ONDITIONS CO	ENCINOMA OF T	UT NOT RELATED TO THE TERM	Port 1 ar Port II o	f item 18.)		(a) 19. WAS PERFO	AUTOPS ORMED?
	PART  Conditions gave rise couse (a), si lying couse PART  200. ACCIDE OR CONTRIB (IF EITHER, N	I. DEATH WAS CAUSED B IMMEDIATE CAUSION DUE  i, if any, which to immediate to immed	(b) (c) ONDITIONS CO	DITRIBUTING TO DEATH B RIBE HOW INJURY OCCUR JURY OCCURRED Not while	UT NOT RELATED TO THE TERN RED. (Enter noture of injury in PLACE OF INJURY (Hame, fart factory, street, office bldg., et	Port 1 ar Port II o	f item 1B.)	/EN IN PART 1(	(a) 19. WAS PERFO	AUTOPORMED?
CEPTIFI	PART  Conditions gave rise couse (a), st lying couse OR CONTRIB (IF EITHER, N  20c. TIME OF Hour	I. DEATH WAS CAUSED BY IMMEDIATE CAUSION DUE  is, if any, which to immediate to immediate to immediate to lost.  II. OTHER SIGNIFICANT COUNTY WAS UNDERLYING UTING CAUSE OF DEA OTIFY MEDICAL EXAMINE  INJURY Month, Day, o. m.  p. m.  1	(b) (c) (c) ONDITIONS CO	ECINOMA OF T	UT NOT RELATED TO THE TERN RED. (Enter noture of injury in PLACE OF INJURY (Hame, fart factory, street, office bldg., et	Port 1 ar Port II o	f item 1B.) own)	/EN IN PART 1(	(a) 19. WAS PERFYES [	AUTOPORMED?
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CEPTIFI	Conditions gove rise couse (a), st lying couse (a), st lying couse (CONTRIB (IF EITHER, N))  20c. TIME OF Hour  21. I certi	I. DEATH WAS CAUSED B IMMEDIATE CAUSION DUE  i, if any, which to immediate to immediate to immediate lost.  II. OTHER SIGNIFICANT COUNTY WAS UNDERLYING UTING CAUSE OF DEA OTIFY MEDICAL EXAMINE  INJURY Month, Day, o. m., In the county of the	(b) (c) (c) ONDITIONS CO	DITRIBUTING TO DEATH B  RIBE HOW INJURY OCCUR  FOR THE STATE OF THE ST	UT NOT RELATED TO THE TERM  RED. (Enter noture of injury in  PIACE OF INJURY (Hame, far factory, street, office bldg., et	Port 1 ar Port 11 o	own)  -, 19.59, causes an city ar tawn,	(Cou	(a) 19. WAS PERFC YES [	AUTOPORMED?  (Sto
CFPTIFI	Conditions gove rise couse (a), st lying couse (a), st lying couse (CONTRIB (IF EITHER, N))  20c. TIME OF Hour  21. I certi	I. DEATH WAS CAUSED B IMMEDIATE CAUSION DUE  i, if any, which to immediate to immediate to immediate lost.  II. OTHER SIGNIFICANT COUNTY WAS UNDERLYING UTING CAUSE OF DEA OTIFY MEDICAL EXAMINE  INJURY Month, Day, o. m., In the county of the	(b) (c) (c) ONDITIONS CO	DITRIBUTING TO DEATH B  RIBE HOW INJURY OCCUR  FOR THE STATE OF THE ST	UT NOT RELATED TO THE TERM  RED. (Enter noture of injury in  PLACE OF INJURY (Hame, fart factory, street, office bldg., et	Port 1 ar Port 11 o	own)  -, 19.59, causes an city ar tawn,	(Cou	(a) 19. WAS PERFC YES [	AUTOPORMED?
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MEDICAL CEPTIEI	PART  Conditions gave rise couse (a), si lying couse  PART  200. ACCIDE OR CONTRIB (IF EITHER, N  20c. TIME OF Hour  21. I certi PAYSICIAN'S NAME (Type  20. BURIAL, CRE	I. DEATH WAS CAUSED B IMMEDIATE CAUSION DUE  i., if any, which to immediate to immediate to immediate to immediate.  I. OTHER SIGNIFICANT COUNTY WAS UNDERLYING DUTING CAUSE OF DEA OTIFY MEDICAL EXAMINE INJURY Month, Day, o. m.  fy that Authended to DANIEL A.  DANIEL A.  MATION, 22b. DATE THE	Year 20d. INJ. While at work the deceased NIEVES,	CINOMA OF T	UT NOT RELATED TO THE TERM  RED. (Enter noture of injury in  PLACE OF INJURY (Hame, far, factory, street, office bldg., et	Port I ar Port II o	f item 18.)  own)  - , 19.59, causes an city ar tawn, ID F	(Country No. 1)  (Country No. 1)	(a) 19. WAS PERFO YES COMPANY)  And Company to the state of the state	AUTOPORMED?  (Sto
MEDICALCEDIE	PART  Conditions gave rise couse (a), st lying couse PART  200. ACCIDE OR CONTRIB (IF EITHER, N  20c. TIME OF Hour  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type	I. DEATH WAS CAUSED B IMMEDIATE CAUSION DUE  i., if any, which to immediate to imme	Year 20d. INJ. While at work the deceased NIEVES,	RCINOMA OF TO DEATH BE RIBE HOW INJURY OCCURRED Of work of twork of the december of two decembers of the december of two decembers of the decembers of two dece	UT NOT RELATED TO THE TERM  RED. (Enter noture of injury in  PLACE OF INJURY (Hame, far- factory, street, office bldg., et  19 59, ta De  th accurred at 3:20  M.D. VAH, BALT  VAH, BALT  OR CREMATORY	Port I ar Port II o  m, 20f. (City or to  c.)  Pecember 1  PRM fram the  ADDRESS (Street,  PTMORE, MI  22d. LOCATION  Balti	own)  -, 1959, causes an city ar tawn, D FT H (City, town,	(County)	(a) 19. WAS PERFO YES CONTY)  MACOUS CONTY  DATE: CONTY  DATE: CONTY  DIV.	AUTOPORMEDO (Short 12/:12/:

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13387 Item 18 Film 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH please execremation Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Balto. burial, b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) egivetle un ar n 0 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS prior ON A FARM? YES NO registrar NAME OF First Middle DATE Last Month Year Day DECEASED au (Type or print) DEATH 19 for 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE Iln years IF UNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 4 the lost birthday) retained 2 with th Months Hours Min. Days WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 3 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and after 2, and pup pe umis 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may poges Pages Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) File Give 18. Gi permit. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease form IMMEDIATE CAUSE (o) Item along with for burial-transit DUE TO .5 Conditions, if ony, which pencil gove rise to immediate cause should DUE TO (o), stoting the underlying couse lost. 0 2 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CATION 00 PERFORMED? pending used NO T iner's 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) pe PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Exami should word 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) writing the wo hief Medical E OR: Page 3 sh factory, street, office bldg., etc. While Nat while a. m. of work ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 📉 Inspection Inquiry and find that the, w. Chief to the Chief DIRECTOR: 1 death resulted from Natural couses M Accident | . Suicide . Homicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER forwarded to ASSISTANT MEDICAL EXAMINER remova O DEPUTY EXAMINER'S cute the DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, arlcounty) (Stote) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DEC 29 VS. A15ME(5) 5M 9/55

MYAEU BO BIADISTRIES CHISRIMANIE OF DEATH THE RESIDENCE OF REPORT OF PARTY AND ADDRESS OF THE PARTY. HER SECTION HER SECTION SECTIO MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/58

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13414 CERTIFICATE OF DEATH

Reg. Dist. No. 13390

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryla		l lived. If institution b. COUNTY	on: Residen	ce before	admissi	on)
b. CITY OR TOWN ( RURAL and give n	If outside corporate limits,	write c. LENGTH OF	STAY IN 16	c. CITY OR TOWN (IF	outside corpoi	rate limits, write R	JRAL ond g	give neare	est town)	
Fort H		4 Day	75	Baltir	more		3 V o	1-4	_	
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, give	street oddress)		d. STREET ADDRESS	W. T.			e.	IS RESI	
	s Administra	tion Hospit	tal	1604 Har	lem Ave	enue				NO K
3. NAME OF DECEASED (Type ar print)	First ISADO		Middle	JENNINGS	4. DATE OF DEATH	Decem		Day 8		ear 9 59
5. SEX	6. COLOR OR RACE 7.	MARRIED T NEVER	MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER	-		. 50 0
Male			ORCED	2/22/89		last birthday) 70 yrs.	Months	Doys	Hours	Min.
00. USUAL OCCUPATION	ON (Give kind of work don	e 10b. KIND OF BUSIN	IESS OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign co		12.CITI	ZEN OF V	VHATCO	DUNTRY
Laborer	king life, even if retired)	Plumbing	7	Brooklyn	. Marvl	and	- 1	U.S.	A .	
3. FATHER'S NAME			,	14. MOTHER'S MAIDEN	-			-		
Wi	lliam H. Jen	nings		Doring	da Bur	ley				
5. WAS DECEASED EVE	R IN U. S. ARMED FORCES	S? 16. SOCIAL SECURIT	TY NO.	NFORMANT		Addr	ess			- /
Yes, no. or unknown)	(If yes, give war or dates of service WW I	(*)	C7	in.Records, Ve	ets.Adm	Hosp Ba	Tto.M	d.Ft.	. How	ard
Canditians, if a gave rise to i cause (o), stoting lying cause lost.	mmediote the under- (c)	CACHEXTA EDEMA OF	LUNGS	LYMPH NODES	40.00			2	MON	
CATIC				NOT RELATED TO THE TERM			EN IN PAK		PERFOR	NO [
OR CONTRIBUTING	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJ	URY OCCURRE	D. (Enter nature of injury in	Port I or Port	Il of item 18.)				
20c. TIME OF INJUI Havr a. m. p. m.	RY Month, Doy, Yeor	20d. INJURY OCCURRE While Not while at wark ot work	ED 20e. PL	ACE OF INJURY (Home, for tory, street, affice bldg., et	rm, 20f. (City	or town)	(0	County)		(State
				14 , 19 59 , to De accurred at 10:112						
ACTUAL SIGNATURE	Sohn W. G	awford		M.D. VAH, BALT	ADDRESS (St	reet, city ar tawn,	stote)		DATE	SIGNI
PHYSICIAN'S J	OHN W. CRAWF	ORD, M.D.		VAH, BALT	.O.,MD.	FORT HO	MARD 1	DIVIS	SION	
220. BURIAL, CREMATIC REMOVAL (Specify				R CREMATORY		ION (City, tawn, o			(State	)
Burial	12-11-19		nore Na			ltimore,				
And inctor	S. Phillips.	1808-10 N. Baltimore	Monro	e Street 240. REC	FC 1 4 '5					
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1. PLACE OF DEATH

VS A15

( 1 星	1. PLACE OF DEATH O. COUNTY Baltemore MARYLAND 2. USUAL O. STA	RESIDENCE (Where deceased lived. If institution: Residence before admission)  E Mary Care b. COUNTY Dalking 878
old be fi	Cackers will 70 yrs x	OR TOWN outside corporate limits, write RURAL and give nearest town)
× sha	d. NAME OF HOSPITAL (If not the hospital, give street address) OR INSTITUTION  d. STR	EET ADDRESS wight avenue e. IS RESIDENCE ON A FARM? YES NO
iges 1 or	3. NAME OF DECEASED (Type or print) Wilming First Norton M Clushy	Tessof DEATH December 19 19 59
. P.	Jenale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DAYE OF Jenale William WIDOWED   DIVORCED   299	9. AGE (In years of Under 1 YEAR IF UNDER 24 HRS of Ungust 1888 9 ost birthday) Months Days Hours Min.
death.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BII during most of working life, even if february 11. BII Common to the control of the	RTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTR
ve carb	Nicholas Busley merrywan	Wilming ton Norton McCleske
427	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOQIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dates of service) 215-01-48933 / Lusbau	
ner pleas	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pailue Interval Between ONSET AND DEATH
any eve	Conditions, if any, which gove rise to immediate (b) / Hyperfeurese Gr	Terre seluiter Cardie 15 4r.
nsit pe	couse (a), stoting the under- lying couse lost.  DUE TO  (c)	reclanderense
naval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATI	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
the bu	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter not OR CONTRIBUTING   CAUSE OF DEATH, (IF EITHER, NOTIFY MEDICAL EXAMINER)	ure of injury in Part I or Part II of item 18.)
r use as	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLACE OF INJURY Hour a. st. While of work of work factory, street, of work 19	JRY (Home, farm, office bldg., etc.) 20f. (City or town) (County) (State)
ached fo burial, cr	21. I certify that I attended the deceased from 19, and that death accurred	5V, to Clauder, 1957, that I last saw the decease
or to bu	ACTUAL SIGNATURE MULTINITE M.D.	ADDRESS (Street, cityfor town, state)  ADDRESS (Street, cityfor town, state)  DATE SIGNI  Cockeys in the
should I	PHYSICIAN'S Walter T. KEES	maryland
poge 3	22a. BURIAL CREMATION, REMOVAL (Specify) 12/21/59 SHERREY OF CREMATO SHERREY OF CREMATO	
5 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  H. M. Means + Son 805 27 Calcust St	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE C 2 1 '59 Orthur S. Krous
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1267			Keg. Dist. No.
	1.	PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY A. A.
M		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
440	H	d. NAME OF HOSPITAL (If not in hospital, give street address)	Baltimore O2x-2 d. STREET ADDRESS e. IS RESIDENCE
050	1	Veterans Administration Hospital	ON A FARM?
			724 Riverside Road YES NO
	3.	NAME OF First Middle DECEASED (Type or print)  CARROLL  M.	JONES, JR.  4. DATE Month Day Year DEATH December 3 19 59
	1	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED	8. DATE OF BIRTH  August 7, 1920  9. AGE (In yeors lost birthdoy) 39 yrs.  IF UNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min.
	10	O. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	USTRY 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR
		Serviceman Refrgeration	Goldsboro, Maryland U. S. A.
3.4	1	FATHER'S' NAME	14. MOTHER'S MAIDEN NAME
/_	1	Carroll M. Jones, Sr.	Delia Meredith
1	45	was deceased ever in u. s. armed forces? 16. social security no. (et. no. or unknown) (if yes, give wor or dates of service) 717-10-6403 (C.)	INFORMANT Address Divisi lin.Rec., Vet.Adm. Hospital, Balto. 18, Md. Ft. How
	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.  Conditions, if ony, which (b) FDEMA OF LUNGS  (c) CHRONIC PASSIVE	MPORAL AND OCCIPITAL REGIONS 1 YEAR  FEW HOURS  CONGESTION LUNGS LIVER & SPLEEN  IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOP: PERFORMED?
d	RTIFICATION	200. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCURR	YES NO [ RED. (Enter noture of injury in Port I or Port II of item 18.)
	MEDICAL CE		PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stocotory, street, office bldg., etc.)
		21. I certify that attended the deceased from October	3, 1959, to December 3, 19 59 Man Portago and the December 3
			th occurred at 8:115PM, from the couses ond on the date stated above ADDRESS (Street, city or town, state)  M.D. VAH, BALTO. 18, MD. FORT HOWARD DIVISION 12/
~ k		PHYSICIAN'S NAME (Type) JOHN'W. CRAWFORD, M.D.	VAH, BALTO. 18, MD. FT. HOWARD DIVISION 12/1/
	22	20. 8URIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY	
	L	Burial / 2 / 3 Baltimore N	ational Cem. Baltimore, Maryland
5		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
X		Wm. Cook-Blight, Inc. 6909 Harford R. Bal	to. 14. Md. DATE DEL 9 59 arthur S. Frank

VS A15 (4) 1SM 9/S8

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24b. REGISTRAR'S SIGNATURE

VS A15 (4)

23 A FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
1	05051510 A 55	OF DEATH	

CERTIFICATE OF DEATH

3395

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Baltimore Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Dunda Lk Dimdalk . IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 7019 Dunbar Road 7019 Dunbar Road YES NO 3. NAME OF 4. DATE First Middle Lost Month Yeor DECEASED DEATH IDA S. JONES (Type or print) December 1. 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH Months Doys DIVORCED [ Female White WIDOWED IX Nov. 2. 1884 75 YES. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? At home Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Sandridge WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Mary J. Bowen 7019 Dunbar Road, -22, No. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which (6) gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from July 20 19 59, to December 1, 19 59, that I last saw the deceased and that death accurred at \$ A. M, from the causes and on the date stated above. December ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 2900 Dunran Road. PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Mountain Plain Cemetery

Mechum River. Va.

24b. REGISTRAR'S SIGNATURE

arthur & Kraus

24a. REC'D BY REGISTRAR

DATE

DEC

0 VS A15 (4) Burial

23. FUNERAL DIRECTOR'S SIGNATURE

Dec.

Ullrich Funeral Home 2112 Dundalk Ave.

81 490	MITTAR -	MASHITOMY	STATE DEPARTME	OF ATTEMPT	
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TTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours,

VS A1S (4) 1SM 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13419 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH** 

3396 Reg. Dist. No.

	1. PLACE OF DEATH			2. USUAL RESIDENCE	E (Where deceased lived.	If institution: Residence	ce befare admission)
	a. COUNTY BO	ultimore	MARYLAND	a. STATE	d.	Ba	ltimore
	b. CITY OR TOWN (I	If autside carporate limits, write earest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If autside carparate lin	iits, write RURAL and g	ive nearest tawn)
		TAL (If nat in haspital, give street	address)	d. STREET ADDRE	ESS		e. IS RESIDENCE
	OK 1143111011014	9625 Mason ;	Ave.	9625	Mason Ave		YES NO X
	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Manth	Day Year
	(Type ar print)	Lawrence	Leroy	Jones	DEATH	Dec.	29 19 59
	S. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	1 1 1 1 1	1 YEAR IF UNDER 24 HRS.
	male	white widow	ED DIVORCED	Jan. 11.		50 yrs. Mantins	Days Haurs Min.
	10a. USUAL OCCUPATION during mast af warl	ON (Give kind af work dane 10b. king life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE	(State or fareign cauntry)	12. CITIZ	ZEN OF WHAT COUNTRY?
	treigh	t (onductor	P.R.R.		rore, Mary	land	USA
	13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME		
		r Jones		Alicet	1. (altrid	er	THE RESERVE TO
		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	SOCIAL SECURITY NO.	INFORMANT	a Canal	Address	Λ
			//	brs. Berth	na Jones,	9625 Maso	n Avenue
		ATH [Enter anly ane cause per li	ne far (a), (b), and (c).]	800	licing		ONSET AND DEATH
	PARTI. DEA	IMMEDIATE CAUSE (a)	0101)(10)	0	19 3101		
	241X	DUE TO	in phis	0 10			
	Canditians, if a gave rise to i	mmediate	n 1993	end			
	cause (a), stating lying cause last.		tochie?	Asth	me		
4	PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASE CON	DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
)	3 Em	phsem 1	- Brom	enicli	15 LUIN		YES NO
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING   20b. DESIDE CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURI	RED. (Enter nature af inju	ry in Part I ar Part II af i	tem 1B.)	
	20c. TIME OF INJUR Haur a. m.	Y Manth, Day, Year 20d. II			, farm, 20f. (City ar taw	'n) (C	(State)
	Haur a.m. p.m.	19 While at war		actary, street, affice bldg	J., etc.)		
	21. I certify th	at I attended the deceas	ed from Sept	1,50, to	Dec 29	1939 that I la	st saw the deceased
	alive on /2	129 _ 195		h accurred at $G$			date stated abave.
		1001		/ 1	ADDRESS (Street, ci		DATE SIGNED
1	ACTUAL	Fran	Sur	m.D. 112	3 5	- Vaul	71,
	PHYSICIAN'S NAME (Type)	1. D. Fran	Klin	8	altin	hore	2 md
	22a. BURIAL, CREMATIO PREMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	4 10 4	22d. LOCATION (C	Lity, tawn, ar caunty)	, (State)
	Burial	1/2/1960	Moreland /	lem Park	Baltin	nore, Mar	yland
	23. FUNERAL DIRECTOR	0 0 1	ADDRESS 101	24a	REC'D BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE
	Leonard	1. Ruck 5305	Hartord Kd	DAT	DEC 31 '59	Ontino 9	4

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1. PLACE OF DEATH c. COUNTY  BALTIMORE  b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) FORT HOWARD  c. LENGTH OF STAY IN 1b LSTATE MARYLAND  c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) FORT HOWARD  d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION  C. CITY OR TOWN (If autside corporate limits, write RURAL and give reports limits, write RURAL and give repo	nearest tawn)
RURAL and give nearest town) FORT HOWARD  15 HOURS BALTIMORE 3 VO / - 4  d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS	4
OR INSTITUTION	
VETERANS ADMINISTRATION HOSPITAL 4308 Mainfield Avenue	e. IS RESIDENCE ON A FARM YES NO
DECEASED	Day Year 19 1959
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years last birthdoy)   1891   9. AGE (In years last birthdoy)   Months   Days   1891   9. AGE (In years last birthdoy)   1891   189	AR IF UNDER 24 H
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT COUNT
13. FATHER'S NAME  CHRISTIAN J. KEES  14. MOTHER'S MAIDEN NAME  BETTY SCHMITT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Clin. Rec. Vet. Adm. Hosp. Balto. Md. Ft.	Howard Di
DART L DEATH WAS CAUSED BY	NTERVAL BETWEEN ONSET AND DEAT UNKNOWN
	UNKNOWN

CERTIFICATION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

MEDICAL

20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED o. m Nat while at wark at wark p. m.

20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)

(County)

PERFORMED?

(Stote)

(Stote)

21. I certify that Nottended the deceased from December 1822222, and that death occurred at 7:454M, from the couses and on the date stated above. ADDRESS (Street, city ar town, state)

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Joseph

Baltimore, Md.

20f. (City ar town)

Baltimore, Md. Ft Howard Div.

22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park 22d. LOCATION (City, town, or county)

Baltimore, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

Harford Road

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Kroud

may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate VS A15 (4) 15M 9/SB

TO HOSPITAL

**ATTENDING PHYSICIAN**: The law requires that the death certificate be executed within 24 hau

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	707	6 <u>i</u>					Reg. Dist. I	No.	
1. PLACE OF DEATH o. COUNTY	alto.		MARYLAND	2. USUAL RESIDEN o. STATE	ICE (Where deceose	d lived. If institution b. COUNTY	on: Residence b	efore admiss	ion)
RURAL and give n	(If outside corporate lim nearest tawn)	its, write c. LEN	GTH OF STAY IN 16	c. CITY OR TOW	VN (If outside corpo	2 50	URAL and give	nearest tawr	1)
	TAL (If not in hospital,	give street oddress)	Rd	d. STREET ADDI	RESS Bla	knes	Rd		FARM?
3. NAME OF DECEASED (Type or print)	10015 Fi	rst KE's	Middle	Last	4. DATE OF DEATH	Mon	fle.	0	Year 195
5. SEX	6. COLOR OR RACE	7. MARRIED	DIVORCED	B. DATE OF BIRTH	1883	9. AGE (In years last birthday)	Months Day		R 24 HR Min.
100. USUAL OCCUPATION of war	ON (Give kind of work rking life, even if retired	done 10b. KIND O	F BUSINESS OR INDE	STRY 11. BATHPLACE	(Stote or foreign o	ountry)		OF WHAT C	
13. FATHER'S NAME	L.	77	of the	14. MOTHER'S MA		7	1		
15. WAS DECEASEDEVE (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of		SECURITY NO.	NFORMANT	01	Add	ress		
m			011	ame	2. A.	estle	5		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	(000	1, (b), and (c).]	Jemer	thage			NTERVAL BE	
Conditions, if c gove rise to i cause (a), stating lying couse lost.	the under-	of Dype	rtensuie	Cardio	Veseu	lar Illal	ara	124	5
-	HER SIGNIFICANT CON	NDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO TH	ETERMINAL DISEAS	E CONDITION GIV	VEN IN PART 1(c	PERFO	AUTOPS RMED?
	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter noture of in	jury in Port I or Por	t II of item 18.)			
20c. TIME OF INJUI Havr a. m. p. m.	RY Month, Doy, Ye	While No		ACE OF INJURY (Horr story, street, office blo		or town)	(Coun	ity)	(State
21. I certify the alive an 10	nat I attended the	177	m. $\frac{7/23}{}$ , and that death		ADDRESS (S	treet, city or town,	d an the do	ate stated	
PHYSICIAN'S NAME (Type)	Li Wys	y wal		M.DU. YUV	rederish	uur 17al	umui X	7 / 1/10 /	1011
220. BURIAL, CREMATIC BEMOVAL (Specify			ame of CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town,	or county)	(Stot	e)
23. FUNERAL DIRECTOR	S SIGNATURE	AL	DDRESS 2X		a. REC'D BY REGIST		STRAR'S SIGNA		

To more retained to the haspital or attending physician.

To More a retained the haspital or attending physician.

To More a retained the haspital or attending physician.

To More a retained the defect of the serificate has been signed by the attending physician and campletely filled in by the function page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL C

VS A15 (4) 15M 9/5B

THE REPORT OF THE PARTY OF THE WEARS PROPERTY. 

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tems 1,2 FilmG253 12-28-59 et CERTIFICATE OF DEATH

13422

13399

20105	Reg. Dist. No.
1. PLACE OF DEATH 0. COUNTY A TO Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY How / A Balto.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5 JONES AVE.	d. STREET ADDRESS  5 Jones Ave.  e. IS RESIDENCE ON A FARM? YES \( \sigma \text{NO} \)
3. NAME OF DECEASED (Type or print) ALICE First Middle KING	G Last 4. DATE Month Day Year OF DEATH DEC. 19, 1959
Female Col. WIDOWED D DIVORCED	8. DATE OF BIRTH  May 2, 1879  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	STRY 11. BIRTHPLACE (State or foreign country)  COOKSV111e Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dennis Sands	Annie ?
(Yos, no, or unknown) (If yes, give war or dates of service)	hformant Address
Conditions, if any, which gave rise to immediate gave rise to immediate DUE TO  DUE TO  DUE TO  DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	Arterio-sclerotic Heart Dis. ?  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter nature of injury in Part I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
alive on 12-19th 1959, and that death	noccurred ab#15 AM, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 57 Winters Lane. Balto.28#12-19-59
22c. NAME OF CEMETERY OF BUTIAL Dec 22, 1959 West Libert	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 323	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE LET St DATE DEC 2 2 '59 Orthur S. Kraus

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Electric Local Control of the Control	la composit (e	F2 (2m/ 19	The world

N

Within 72 hours ofter death

the registrar prior to burial, crematian, ar remayal, and in any event

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITAL

VS A1S (4) 1SM 9/SB

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 13494

No.13401

1. PLACE OF DEAT o. COUNTY	Baltimore		MARYLAND	O STATE -	ENCE (Whe	re deceosed lived.	If institution. COUNTY		before odmi	
RURAL ond g	WN (If outside corporate limite nearest town) ONSVILLE	its, write c.	LENGTH OF STAY IN 16			tside corporate lin	nits, write RU	RAL and giv		wn)
d. NAME OF HO OR INSTITUT	OSPITAL (If not in hospital, ION Forrest F	_	dress) Nursing Ho	d. STREET AL		Charle	es St	# reet	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	John	irst	Middle William	Koch Last		4. DATE OF DEATH DO	Mont	_	Day	Year 1959
s. sex	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AG	E (In years birthday) yrs.		YEAR IF UNI	
10a. USUAL OCCU	PATION (Give kind of work f warking life, even if retired nter	done 10b. KIN			CE (Stote o	r foreign country)			S. A.	
John	n Koch			Chr:	istia	ne Heu	sler			
1S. WAS DECEASES	DEVER IN U. S. ARMED FOI	service)		INFORMANT			Addre			
no	(11 / 21 / 31 / 31 / 31 / 31 / 31 / 31 /	216	-01-1483 F	rances	C. Ke	och 160	09 S.	Char	·les S	st.#3
gave rise couse (a), sto lying couse		c)	SEESE -	Crario						
PART II.	OTHER SIGNIFICANT CON	NDITIONS COM	NTRIBUTING TO DEATH BU	T NOT RELATED TO	THETERMIN	IAL DISEASE CON	DITION GIVE	N IN PART	PERF	S AUTOPSY FORMED?
E 20a, ACCIDEN	T WAS UNDERLYING TING CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCURR	ED. (Enter nature of	injury in Po	art I ar Port II af i	item 1B.)			
Hour o	NJURY Manth, Doy, Ye . m. . m.	20d. INJU While of work	_ Nat while fo	LACE OF INJURY (Hactory, street, office			vn)	(Co	unty)	(State)
21. I certificative on	y that I attended the	deceased , 19 8	0//	h accurred at a	5 17 A		auses and ity or tawn, s	an the	date state	
PHYSICIAN'S NAME (Type)	John Sha	w. M.	D,	58	00 E	lmondso	n Ave	nue_z	4181	411
220. BURIAL, CREM REMOVAL (SP Burial			Cedar Hil			Anne A		_	intv.	ote)
23. FUNERAL DIREC			ADDRESS	THE TENT	24a. REC'D	BY REGISTRAR		TRAR'S SIGN		
Howard	H. Hubbar	d 4107	Wilkens A	ve.	DATE DE	9 '59	and	hun 8. +	Traus.	

N: 4		TANGURA		
Haltimore	.bM		o on: fa	
රදි ලැබි	allimore 1609 S. Ohn	emeli misculi	orrest Haven	
cember, 59	f.o	Villian 10	John	
3,	.us. s, 1.883		white	501.6
M. U. S. A.	co. Delpimore,	ncleir Score	12	Carrente
melsu:	Emistischene H		lock	John I
1609 3. Oberten St. 3	nces C. Koch	15.1 [-10 -0	T.	. on
			a Zana	
son veries	SEON Disonda		Zohn Shew, M	Since in the
Aryndel Country, Mc.	one, .m.	ILM - 1900	1219159	J = 2 *1 +3
Barrier Borne		nvi omer.iti	GIF BrindbuR	. Brawolf

VS A15 (4) 15M 9/55 090

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13425 CERTIFICATE OF DEATH

Reg. Dist. No. 13402

1. PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (W. o. STATE MAR)	There deceased lived. If in:		efore admission)
RURAL and give nearest town)	c. LENGTH OF STAY IN 16	-	autside corporate limits, w	A .	
COCKEYSUILLE	12 /2 years.		TIMORE	3V01	
d. NAME OF HOSPITAL (If not in haspital, give street or OR INSTITUTION  MASONIC HON		d. STREET ADDRESS	EAST 315	ST.	15 RESIDENCE     ON A FARM?     YES
3. NAME OF DECEASED (Type or print) MARY	Middle E	KRAFT	4. DATE OF DEATH DE	Month 2	Doy Yeor 2 19-59.
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		3-16-18 7	3 9. AGE (In y	oy) Months Day	AR IF UNDER 24 HRS.  Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. Kl during most of working life, even if retired)  ### OUSE WIFE	IND OF BUSINESS OR INDU		or foreign country)		OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
LOUIS VOGT M	ANN	MAR	1 14 5 (	1Si	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC   Yes, no. or unknown	OCIAL SECURITY NO. 17. I	Trank.	L. Smith	Address - C	chegwill
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which )	for (o), (b), and (c).	Delevation De	Cerdi		NTERVAL BETWEEN NISET AND DEATH
gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b)  DUE TO					-
Part II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION	GIVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18	.)	
A Haur a.m. While		ACE OF INJURY (Home, far ctory, street, office bldg., et		(Coun	ty) (Stote)
21. I certify that I attended the deceased alive an 12-21, 195  ACTUAL SIGNATURE	f fram 11-15 9, and that death			es and an the	saw the deceased date stated abave. DATE SIGNED
PHYSICIAN'S Walter T. Kee	8	Cocke	ysville, Md		
270. BURIAL, CREMATION, 27b. DATE THEREOF 12-24-59	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, to n Baltimon		(State)
23. FUNERAL DIRECTOR'S SIGNATURE Wm. Cook, Inc., 1217 St. Pa	ADDRESS			REGISTRAR'S SIGNA Lithua S. Kra	

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13426

Reg. Dist. No.

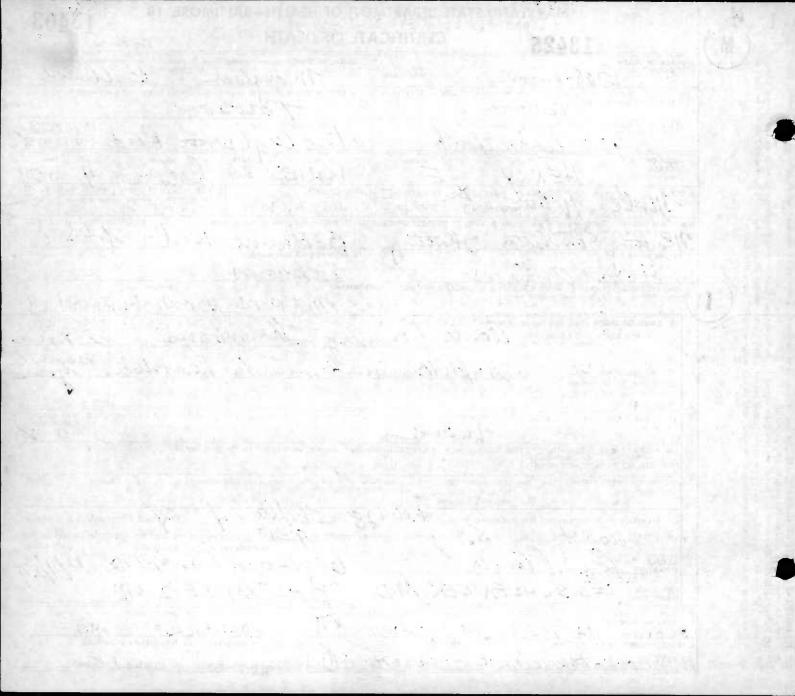
/	1 5	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
		COUNTY Baltaniore MARYLAND	o. STATE Maryland b. COUNTY Baldinise
	t	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If on side corporate limits, write RURAL and give nearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 420 Quality	1420 augburth frod on a FARM? YES NO IS
	1	NAME OF DECEASED Type or print)  HENRY  Middle	ICRIES DATE OF Month Day Year 1959
	5. 5	Mile Whitempowed DIVORCED	B. DATE OF BIRTH  July 4, 1889  9. AĞE (In years lost birthdoy) 70 yrs.    FUNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Haurs   Min.
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME
		Harry A Krien	Un known
I	13.	WAS DECEASED EVER AN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NFORMANT Address Agburth Rd. 4
-		18. CAUSE OF DEATH [Enter only one cause per pe for (a), (b), and	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: LICEUTE COLOR	epry thembosos 2 hours
		420.1 DUE TO 0/ 10 10	Me 'O 1: O severel
		Conditions, if any, which gove rise to immediate (b)	arthysellipe blootake years
		cause (o), stating the under-	
	z	lying couse lost. (c) (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0	IFICATION	hone	PERFORMED? YES NO
	L CERT	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Port II af item 18.)
	MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour o. m.         20d. INJURY OCCURRED While of work of wark         20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) ctory, street, office bldg., etc.)
		21. I certify that I attended the deceased from 400.	28, 195 bto law if 1959 that I last saw the deceased
		alive and Acc. 4, 19.5 4, and that death	occurred at 9.30 M, fram the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED
		ACTUAL SIGNATURE TENTONICAL SIGNATURE	MD. GOOLLOCH KAVENBLUD 12/4/c
1		PHYSICIAN'S LEO S'E HLENCER. M.D.	BALTIMORE/2 MD.
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	I	SURIAL 12-7-59 WOODLAWI	4 BALTIMORE - MO
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	n	1- COOK-TOWSOIY, IMC - TOWSOM	- MI DATE DEC 7 150 Orling & Known

death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

TO HOSPITAL Q VS A15 (4) 15M 9/58

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours



(Type or 5. SEX

10a. USUAL during m Owne 13. FATHER

15. WAS D

NAME (Type)

CERTIFICATION

17		TATE DEPARTME L EXAMINER'S				18 1 Reg. Dist. 1	340	4
PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (M	Vhere decea	sed lived. If Instit b. COUN			ssion)
b. CITY OR TOWN ( and give nearest tow	If outside corporate limits, write RURAL m)  Catonsville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		porote limits, write	RURAL and give	nearest to	wn)
In street	in front of 6104		d. STREET ADDRESS 6104 M	t. Rid	ge Rd	Balt.28	ON	A FARM?
DECEASED (Type or print)	George Langenfeld		Last	4. DATE OF DEATH	Mon Dec	· 20/59	,	ear 9
SEX M	6. COLOR OR RACE 7- MARRIEI WIDOWED		March 3,19	918	9. AGE (In years last birthday)	Months Days	-	ER 24 HRS. Min.
Wher Months of Working Months		s St.Market r, Sr.  OCIAL SECURITY NO. 17. IN	Balto Mila. Mother's Maiden N Dorothy S.	AME Gra	dy t Ridge			
PART I. DEA 981 X Conditions, if a gove rise to imme	DUE TO  ony, which beliefe couse (b)		chest (2), v			IN'	ERVAL BETWE	EN TH
	HER SIGNIFICANT CONDITIONS CO					VEN IN PART 1(o)		AUTOPSY RMED? NO
20g. EXTERNAL CAPRIMARY OF CO	INTERISTING I	by assailant	nter noture of injury in Port	t I or Port II	of item 18.)			

20a. EX CAUSE 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)

Not while Hous 50 mm factory, street, office bldg., etc.) 12/20/59 Catonsfille Baltimore Me. of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry, and find that

death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER W. Rradley King, Jr., M.D. **EXAMINER'S** 

December 20, 1959 DEPUTY MEDICAL EXAMINER

220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)
BUTIAL Dec. 2 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 23/59 Dec. Loudon Park Baltimore 29 Ma 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR

F.D.4101 Edmondson Ave.

DATE EC 2 8 '59 arthur & Krous

(County)

(Stote)

DATE SIGNED

(Stote)

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND BALTIMORE CO. MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) 0 BOWLEYS QUARTERS the d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 090 OR INSTITUTION TOWSON CONVELSCENT HOME 2. NAME OF Middle Last 4. DATE filled DECEASED (Type or print) DEATH CHARLES WILLIAM LATI 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) APRIL 30. 1877 WIDOWED | DIVORCED | WHITE 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) MINISTER-RETIRED MINISTRY ENGLAND and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 KARL W. LAU CHRISTINA vonBOHR physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT NONE NONE MRS. C.W.LAU 0 attendin 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO à E. Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)

20d. INTURY OCCURRED

Not while

**ADDRESS** 

ot work

While

of work

20e. PLACE OF INJURY (Home, form,

and that death accurred at

22c. NAME OF CEMETERY OR CREMATORY

foctory, street, office bldg., etc.)

MEM GARDEN

RALTIMORE e. IS RESIDENCE ON A FARM? YES NO TO Month Day Year 19 59 DECEMBER IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? TISA Address AO2 ALABAMA ROAD INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO 20f. (City or town) (County) (Stote) that I last saw the deceased M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) MARYLAND TIMONIUM 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Thous

FUNERAL I n 9 VS A15 (4) 15M 9/58

DIRECTOR:

P

he

MEDICAL

20c. TIME OF INITIRY

Hour o. m

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION.

BURTAL

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Doy, Year

22b. DATE THEREOF

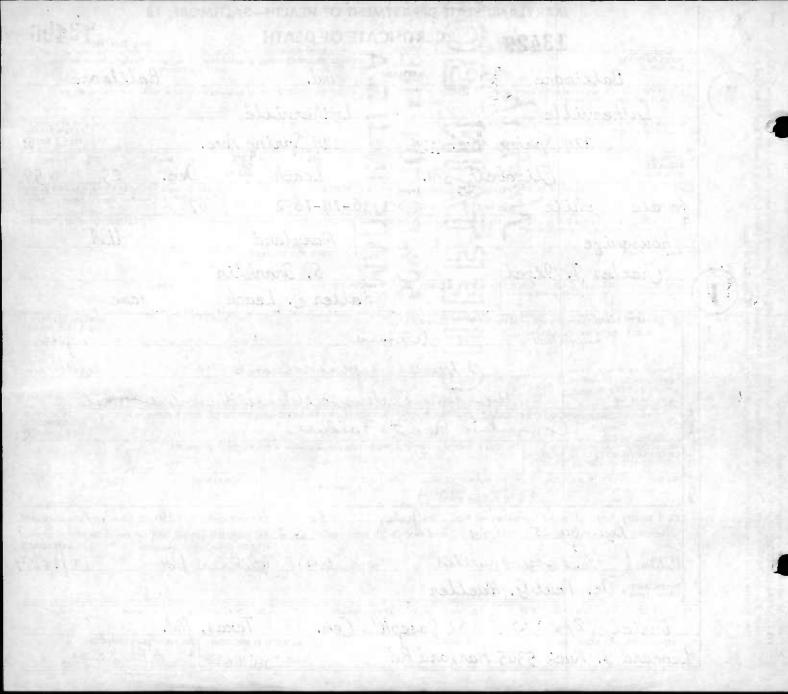
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DEC 2 9 '59

VS A15 (4) 15M 9/5B



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1	-	J.	V		

3430 CERTIFICATE OF DEAT	20	CERTIFICATE	OF	DEAT	ŀ
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13431	CERTIFICA	ATE OF DEATH
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou

Reg. Dist. No.

1	1. PLACE OF DEATH 6. COUNTY	timore	MARYL		2. USUAL RESIDENCE (Who o. STATE		d lived. If institution b. COUNTY	on: Residen	ce befa	re admissi	ion)
1		outside corporate limits, wri			c. CITY OR TOWN (If o		rata limita verita P	IIDAI and	nive nec	react town	1
	RURAL and give nec	arest town)					2 V	/ a /	give nec	resi idwii	,
-	Fort I	HOWARA AL (If nat in haspital, give st	15 day	rs	d. STREET ADDRESS	ore	2 V	01-	4-	e. IS RES	DENICE
	OR INSTITUTION	AL (II IIdi III IIdspilai, give si	reer oddress <sub>i</sub>							ON A	FARM?
	Veterans	Administrati	on Hospital		133 Pa	_	St			YES [	NO D
	3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mon	th	Da	у \	/ear
1	(Type or print)	HARRY			LEE	DEATH	December	1	3		9 59
1	S. SEX	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIE	D 🔀 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	Months Months	Days	Hours	R 24 HRS. Min.
	Male	colored WID	OWED DIVORCED		February 28.	1891	68yrs.		00/5	110013	771711.
1	10o. USUAL OCCUPATION during most of working	N (Give kind of work done ing life, even if retired)	106. KIND OF BUSINESS OF	NDUSTR	11. BIRTHPLACE (Stote	or foreign c	ountry)	12.CIT1	ZENOF	WHATC	OUNTRY?
1	Cement Fini				Baltimore	. Mar	vland	Ţ	JSA		
4	13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IÁME					- 117
	Charles Le	ee			Ida Smath	ers					
I	IS. WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INF	ORMANT		Addi	ress For	+ H	OLTO W	d Div
	ves	TATAL T	Unknown	C7	in Rec Vet A	dm Ho	enital Ra	lto_l	0		T DIV
ı		TH [Enter only one couse p		- 01	LIL-ILEC . V C U - A	CUIT-110	Sproar De	נייטידי		RVAL BE	TWEEN
	PART I. DEAT	TH WAS CAUSED BY:	CARCTNOMA OF	חוציות	IDA LITMIT OFSIE	DATTO	TOTAL MORTH A CYL	BA CIPC		ET AND	
	/54× DUE TO CARCINOMA OF RECTUM WITH GENERALIZED METASTASES UNKNOWN										
1											
1	Canditions, if any, which gove rise to immediate DIFTO										
1	cause (o), stating the <u>under-</u> DUE TO										
Ч	lying couse lost.	FR SICNIFICANT CONDITIO	INS CONTRIBUTING TO DEA	THE DUIT NO	OT BELATED TO THE TERMIN	NIAL DISEAS	S COMPITION CO.	(ENT INT DAD	T 1(-) 1	0 14/45 0	LITORSY
	PART II. OTHE	EK SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEA	IH BUT IN	OI KELATED TO THE TERMIT	NAL DISEAS	E CONDITION GIV	EN IN PAK	1 1(a)	PERFO	RMED?
1	OR CONTRIBUTING	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH									
	20c. TIME OF INJURY Hour o. m. p. m.		Od. INJURY OCCURRED :: /hile Not while	20e. PLAC focto	E OF INJURY (Home, form, ry, street, office bldg., etc.	20f. (City	or town)	(0	County)		(State)
1	p. m.		work of work								
	21. I certify the	attended the dec	eased from Decemb	on T	5 . 19 50. ta De	cembe	r 30. 1950	thatylyla	st-sou	w None of	energed
			Bexxxxx and that								
	XXXXXXXXXX	**************************************	ALACKANEK, GITG IIIGI	acam c			treet, city or town,		duic	DAT	E SIGNED
1	ACTUAL SIGNATURE	oher W.	aw ford		TEATE TO TA	. 70	MA THE IT	1	D.*		
1	SIGNATURE		64		VAH Balt	0-10,	-Morato-We	Ward	-DJ'A		
	PHYSICIAN'S NAME (Type)	OHN W. CRAWFO	ORD, M.D.		VAH_Balt	0-18	Md Ft Ho	ward	Div		
	220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEME	TERY OR		_	TION (City, tawn,			(Stote	2)
	Rurial	Jan 4,196	O Baltimor	e Ma	tional	Ra	Ito Mam	back			
	23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	410		BY REGIST	TRAR 24b. REGI	STRAR'S SIG			
	A 207 day and a co	C Dhillian 7	808 MMonroe S	t Da	THO ME DATE JA	AN 5	60 0	when &	. The	M4	
NE	ALTINGTON	O PAILLIDS L	One Maduros ?	P Da	T CO MO	111					

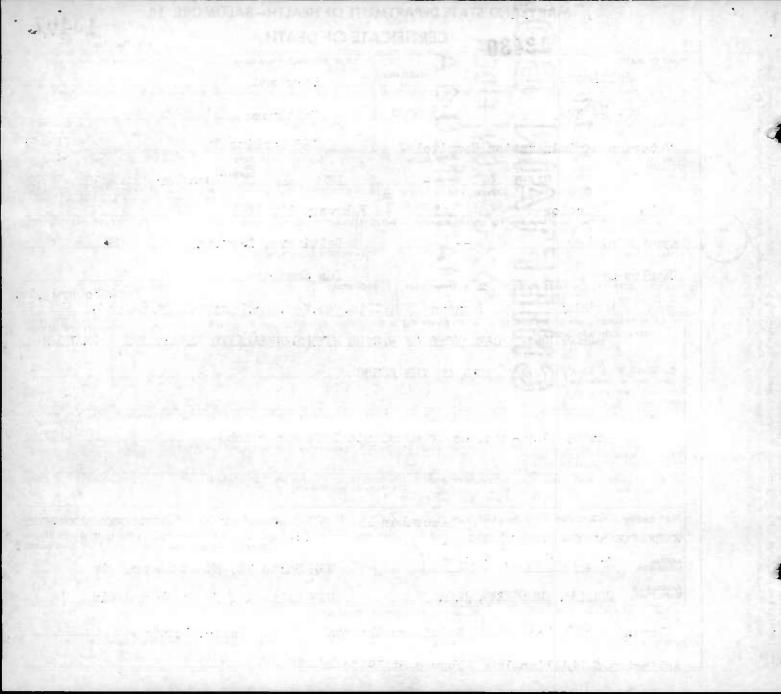
may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, page 3 shauld be detoched far use as the burial-transit permit. Then please remave corban popers. Pages 1 and 2 should be filled with the registrar prior to burial, cremotion, or removal, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

death. Page 4

TO HOSPITAL VS A15 (4) 1SM 9/S8



VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	134	31	CERTII	FICA	ATE OF DEAT	Н		Reg. Dist	. No. 1	3408
DEACE OF DEATH O. COUNTY	ltimore		MARYL	AND	2. USUAL RESIDENCE (V o. STATE Maryland	Vhere deceas	ed lived. If institut b. COUNTY		before od	
b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF	autside corp	orate limits, write			
RURAL and give ne Park			life		x Parkton.			•		
d. NAME OF HOSPIT	AL (If nat in hospital,	give street	address)		d. STREET ADDRESS				e is	RESIDENCE
OK INSTITUTION					York Rd.	- Her	eford		01	N A FARM?
NAME OF		eford	Middle		Lost	4. DATE				
(Type or print)	-	131				OF DEATH	Mo		Day	Year
. SEX	6. COLOR OR RACE	7. MADE	Charle		Leight  B. DATE OF BIRTH	JEAN	9. AGE (In years	2/19/59		NDER 24 HRS.
		WIDOWI					lost birthday)	Months D	ays Hou	
Male	White		_	_	6/4/1883 STRY 11. BIRTHPLACE (State		(Oyrs			
during most of work	king life, even if retired	done 10b.			SIRY II. BIRTHPLACE (Stat	e or foreign	country)			AT COUNTRY?
Carpente	r		self employ	red	Marylan			T T	J.S.A.	
B. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	H. Leight				Sara	ah Tay	lor			
	R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. IN	VFORMANT			lress		
no			4-20-9733		Elwood Le	ight	6	above		
18. CAUSE OF DEA	TH [Enter only one co	ause per li	ne for (a), (b), and (c).]						INTERVAL	BETWEEN ND DEATH
Conditions, if all gave rise to it cause (a), stating lying cause last.  PART II. OTH	mmediate the under-	o) O	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERA	MINAL DISEA:	SE CONDITION GI	VEN IN PART I	PER	AS AUTOPSY FORMED?
20c. TIME OF INJUR	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Ye	ar 20d. II	NJURY OCCURRED 2	20e. PLA	CE OF INJURY (Home, far	m, 20f. (Cit	rt II of item 18.) y or town)	(Co	unty)	(State)
Hour a. ji. p. m.	19	While at work	Not while of work	TOC	tory, street, office bldg., et	(c.)				
21. I certify the alive on	Terfiles	-, 1 <u>2</u> - m	ed from 12/ , and that a	death	occurred at 9:45	AM, from	m the causes of treet, city or town,	and an the state)	date st	ated above. DATE SIGNED
NAME (Type)			ler, Jr. M.							
REMOVAL (Specify)			22c. NAME OF CEMET			1000	TION (City, town,			itate)
Burial	12/22/	59	Hereford	Ba			rkton, Ma			
. FUNERAL DIRECTOR'S			ADDRESS			D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	ATURE	1775
Brooks	Funeral Se	rvice	. Towson 4.	Md	. DATE D	EC 28 '5	)9 Ch	itun 8. t	cours	

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TO HOSPITAL

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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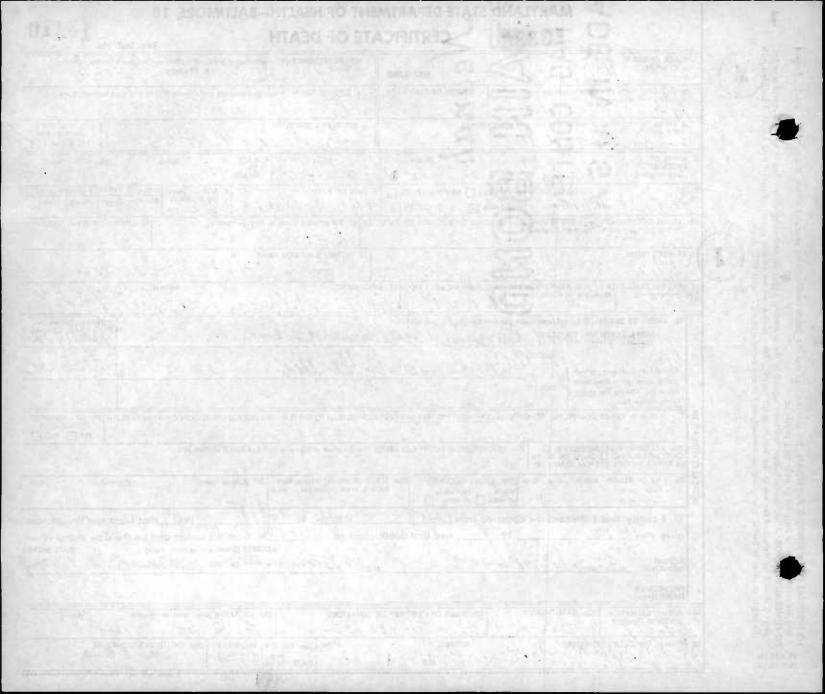
### **CERTIFICATE OF DEATH**

Reg. Dist. No.

-1	2	A	13	0
1	U	4	U	J

1. PLACE OF DEATH				
o. COUNTY	•	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE b. COUNTY	admission)
	imore If outside corporate limits, write	c. LENGTH OF STAY IN 16	rary rand (2.00	et town)
RURAL ond give n	earest tawn)			5
	Howard TAL (If not in hospital, give stree	96 days	Baltimore 02 X	IS RESIDENCE
OR INSTITUTION				ON A FARM?
	s Administratio	on Hospital	II ILU WI DOX TOT DEVETINA TAIN	YES NO C
3. NAME OF DECEASED (Type or print) Se	rvedas: ALEX	Middle D D	LIVINGSTON OF DEATH December 29	Year 19 59
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF	
Male	white widow	VED DIVORCED	November 20, 1893 66 yrs. Manths Days	Hours Min.
10a. USUAL OCCUPATION	ON (Give kind of work dane 10b	. KIND OF BUSINESS OR IND		HAT COUNTRY?
Engineer	king life, even if retired)	&O Railroad	Harford Co. Maryland U.S.A	4
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	-
John G	Livingston		Katherine Bradley	
15. WAS DECEASED EVE		SOCIAL SECURITY NO.	INFORMANT Address	
Yes, no, or unknown)	(If yes, give war or dates of service)	05-10-1913 CI	lin.Rec.Vet Adm Hosp Balto Md Ft Howar	rd Div.
Conditions, if a gove rise to i couse (a), stating lying cause lost.  PART II. OTI  Status 20a. ACCIDENT W. OR CONTRIBUTING	DUE TO  (b)  mmediate the under- HER SIGNIFICANT CONDITIONS  Dost resection	CONTRIBUTING TO DEATH BU	HAGE RIGHT HEMISPHERE  UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	VAL BETWEEN 1 AND DEATH 3 MONTHS  WAS AUTOPSY PERFORMED? (ES ₩ NO □
20c. TIME OF INJUI Hour o. m.	RY Month, Day, Year 20d. While	Not while	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (County)	(Stote)
p. m.	TV A at wa	ark ot work		

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TO HOSPITAL O

VS A15 (4) 15M 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13434 CERTIFICATE OF DEATH

13434

13412

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Be	altimore		MARYL		o. STATE	Maryl		lived. If instituti b. COUNTY	A .		odmissio	- W
b. CITY OR TOWN (If RURAL and give new	prest town)	ts, write	c. LENGTH OF STAY IN		c. CITY OR T		Heigh	ote limits, write R	2	give near	est fown)	2
Catons			3lyrlOmth6	dys			nicum,	Marylar	1Q	Oak	AC DECLE	SELUCE .
d. NAME OF HOSPITA OR INSTITUTION SPRING GROV		HOSP.			d. STREET AL		m Heig	hts, Md.			ON A F	FARM?
3. NAME OF DECEASED (Type or print)	Fir Elet		Middle	Ma	rtinol	è	4. DATE OF DEATH	Decembe		Day 23		ear 9 59
s. SEX	6. COLOR OR RACE		RIED NEVER MARRIED		DATE OF BIRTH							
female	white	WIDOW			July 3		88	9. AGE (In years last birthdoy) 71 yrs.	Months	Doys	Hours	Min.
10o. USUAL OCCUPATIO	ng life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPU	CE (Stote		untry)	-	tizen of	WHAT (	OUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
Antonia	a Satti				0	livia	Vince	enti				
15. WAS DECEASED EVER			SOCIAL SECURITY NO.	17. INFO			-2	Add	ress	120	I E W	
(Yes, no. or unknown) unk nown	If yes, give wor or dates of s		nknown	Rec	cords:	SPRI	NG GF	OVE ST	ATE I	HOSPI	LTAL	
Canditions, if an gove rise to in couse (a), Noting I lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  IV, which Inmediate he under		RE TERUSCLE CONTRIBUTING TO DEAT	EROT	BILITY VA	CAL A	A DI	SEASES CONDITION GIVE	VEN IN PAR	ONSE	PERFOR	UTOPSY MED?
	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OC								YES 🗍	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. I While of wor	Nat while		OF INJURY () y, street, affice			or town)	(	(County)	163	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION	Pi K, G	193 1P		deoth a	SPR Cat	Sist.	GROVE	the couses of the couses of the couses of the couses of the couse of t	and on to stote) HOSP	the date	e stated	TE SIGNED
REMOVAL (Specify)	26 Dec.	1959	Glon Ho	1.0m			6/	on 13.	STRAR'S S	è)	MI	دلا
23. FUNERAL DIRECTOR'S	Culcui -	H	lan Burn	ie 1	nd		EC 28		lithun 2			

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# FOR STAT TO DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any despersory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death. VS. A15ME

5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISFICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1		
F	1. PLACE OF DEATH  o. COUNTY  BALTIMORE  MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)  e. STATE  Maryland  b. COUNTY  Baltimore
1	b. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest town)  OVERLEA  LIFE	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
(	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) 7128 Greenwood Rd.	d. STREET ADDRESS  7128 Greenwood Rd.  o. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
	3. NAME OF First Middle DECEASED (Type or print) CHRISTOPHER AUGUST	Last 4. DATE Month Dey Year OF DEATH December 1 1959
	5. SEX Male  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B White WIDOWED DIVORCED	DATE OF BIRTH  9. AGE (In yeers   FUNDER 1 YEAR   IF UNDER 24 HRS.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  MACHINIST  13. FATHER'S NAME	D MARYLAGO ILLO
T	JOSEPH WASER	UNKNOWN.
•	Yes, no, or unknown) (If yes give were detecofservice) 217-09-7358	MILDRED MASER 7128 GREENWOOD AVE
	geve rise to immediate cause (e), stating the underlying  DUE TO	astic bag over head
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY AD or CONTRIBUTING  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURED. (F	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8)  19. WAS AUTOPSY PERFORMED? YES NO
	Dutt Took of a Diversor	c bag over head
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. Unknown 19 While Not While et work at work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)  Nome Baltimore Md.
	21. I certify that I took charge of the remains described above, he death resulted from: Natural causes, Accident,	Id an Autopsy X, Inspection , Inquiry , and in my opinion  ide X, Homicide , Undetermined manner  CHIEF MEDICAL EXAMINER
2	ACTUAL SIGNATURE NO KING EXAMINER'S	M.D. ASSISTANT MEDICAL EXAMINER ADDRESSIONED  DEPUTY MEDICAL EXAMINER
	NAME (Type)  W. Bradley King, Jr., M.D  220. BURIAL, CREMATION, REMOVAL (Specify)  BURIAL  DEC 7, 1959  ADDRESS  ADDRESS	R CREMATORY 22d. LOCATION (City, town, or country) (Stele)
K	Sasseln Euneval Home 7401 Belau Ron	of #6. DATE DEC 8 '59 arthur S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) ATONSVI d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO IZ NAME OF Year DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours WIDOWED I DIVORCED | Sept 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) QUSENIFE 13. FATHER'S NAME SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II of jiem 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form, 20f. (City of town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from, C\_\_\_, 19.59, that I last saw the deceased alive an\_ and that death accurred at 1. 10 M from the causes and on the date stated above. ADDRESS (Street city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BUBLAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) MEMOVAL (Specify) 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arthur & Krous DATE DEC 3 0 '59 15M 10/57

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VS. A15ME(5) 5M 9/55 I

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	MARYLAND STATE DEPARTMENTS MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Reg. Dist. No.	3416
1	1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admir o. STATE MAR SLAND COUNTY BALTO	usion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow	vn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  363 S'AVANNAH AVE	1312 COVANNAH AVE ON	SIDENCE A FARM? NO
	3. NAME OF First Middle  (Type or print)	1/ A / OF	57
	, monte a stronger	JULY -/6-1892 Editorhooy) yrs. Months Days Hours	Min.
	10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)	PINEHILL-NEW YORK USA	COUNTRY
	13. FATHER'S NAME CHARLES ROSA  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. IN	LILLIAN BALOWIN	
	(Yes, no, or unknown) (If yes, give wor or dates of service)	NTHONYS MAJES SAME AS AB	BOVE
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Oce lession interval Between	) H
	Conditions, if any, which gove rise to immediate cause (b) Dentar Scho	notic Kent Dic. 204	1
	(a), stating the underlying DUE TO  couse last.  (c)  RAPT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT DELATED TO THE VENUE AND DESCRIPTION OF THE PROPERTY OF THE	
1	CATIC	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS A PERFOR YES [	NO
		nter nature of injury in Part I or Port II of item 18.)	
	Have a.m. While Not while of work at work	CE OF INJURY (Home, farm, 20f. (City or tawn) (County) ry, street, office bldg., etc.)	(Stote)
	21. I certify that I taak charge of the remains described abardeath resulted fram: Natural causes Accident . Suice	ve, held an Autapsy 🔲 , Inspectian 🔯 , Inquiry 🔼 and fi cide 🔲 , Homicide 🔲 , Undetermined cause 🔲 .	ind that
	SIONATURE ach C Collein	_M.D. CHIEF MEDICAL EXAMINER   DATE SI	GNED
-	EXAMINER'S JACK C COllins	ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER D	+57
	220. BURIAL, CREMATION, PREMOVAL (Specify) 1-1-60 WOODSTUCK	CEMI WOODSTOCK NEW YOU	~ 11
1	The S. Connelly 418 Eastern ave	BALTO Wate JAN 4 60 246. REGISTRAR'S SIGNATURE	

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	4	A Server Ad
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Control College
A A A A A A A A A A A A A A A A A A A		
	A HOUSE STREET	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay it excessory, please exe-	cute the can date, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dir.	forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, crematian,	or removal.	
Vc	A	151	AE	CI	

SM 9/SS

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	13435 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	ist. No. 13417
1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Reside	ance before admission)
Л	a. COUNTY Baltimore MARYLAND a. STATE Md b. COUNTY Ba	Ito.
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond and give nearest loys)	give nearest town)
1	Kural-Freeland 5 min. Kural-Hamostead	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Deckleysuile Rd.	e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF First Middle Lost 4. DATE Month OF DECEASED (Type or print) Albert Lee Mays	Day Year
5	SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE Jin years IFUNDER	TYEAR IF UNDER 24 HRS.
ı		Days Hours Min.
1		ZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	, 0,/(,
-	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (If yes, give wor or dates of service)  Address  Address  Address	rad Md. R.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: Compound fracture of the skull	Instant
ı	819 X DUE TO	B 27 8 5 0
ı	Conditions, if any, which (b)	
ı	gove rise to immediate cause (o), stating the underlying DUE TO	
1	couse lost, (c)	
	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  20a. EXTERNAL CAUSE WAS PRIMARY B or CONTRIBUTING CAUSE OF DEATH.  Automobile struck a bridge abutment.	1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO.
	20a. EXTERNAL CAUSE WAS PRIMARY BOY CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  Automobile struck a bridge abutment	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. Dec. 8 1959 of work at work thing hour at work the work thing hour at work the w	
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection &, Inquir	
1	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause	
1		
	SIGNATURE M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
1	EXAMINER'S  ASSISTANT MEDICAL EXAMINER	
-	NAME (Type) A. M. France DEPUTY MEDICAL EXAMINER Q	12/8/59
1	20. BURIAL, CREMATION, 226. DATE THEREOF 220-NAME OF CEMETERY OR CREMATORY) 22d. LOCATION (City, town, or county), REMOVAL (Specify) 12/10/59 Beckleys 11/18 emelety 170mpstead	Md. R.D.
	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS PACOL HOLLING HOLLING HOLLING SIGNATURE ADDRESS ADDRESS DATE 1 4 '59 240. REGISTRAR'S SIGNATURE ADDRESS DATE 1 4 '59 DATE 1 4 '59	MATURE
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	Simon Statement, in
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	2.3 hour - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

8 6	_		13426 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg, Dist. No. 13418
4 should be cremation	M	)[	o. COUNTY 2 1 1 Maryland 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY 2 7 7 7
Poge burial,			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CLENGTH OF STAY IN 1b  C. LENGTH OF STAY IN 1b
rior to	X		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  ON A FARM?  YES IN NO. P. NO.
nerol di vour file gistrar p			3. NAME OF First Middle Last A. DATE Month OF DECEASED (Type or print) Rosemary A. Mays PEATH Dec. 7 1959
			5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE IN years IF UNDER 1YEAR IF UNDER 24 HRS
oined with th			WIDOWED DIVORCED Febr. 23, 1942 lost birthdoyl yrs. Months Days Hours Min.
ond 3 to retoin d 2 will			10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
ss 1, 2, 5 moy k	1		13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
Poge 5 File pog	1		YS. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT, Address Address Transport of the wor or doles of service)  19. WAS DECEASED EVER IN U. S. ARMED PORCES?  19. SOCIAL SECURITY NO. 17. INFORMANT, Address Ad
P.M.3.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
pencil in Item 18. C blong with form PM3 buriol-tronsit permit.			PART I. DEATH WAS CAUSED BY:   Fracture of the skull   Instant
ith fo		1	8 1 9 X DUE TO
i li i			Conditions, if ony, which (b) (b) (c) stating the underlying DUE TO
			(o), stoting the underlying couse lost.
nding" in 's Office used os o		0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{NO} \)
pen iner			20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
col Exam 3 should			CAUSE OF DEATH.  Automobile struck a bridge abutment  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
Sol E	03	3	Hour o, m. While Not while factory, street, office bldg., etc.}
ing the Medico Page 3			21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and find the
			death resulted from: Natural couses, Accident, Suicide, Homicide, Undetermined couse
cute the contract, writer forwarded to FUNERAL DIRECTOR: or removal.			ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
AL Vol.		5	EXAMINER'S A 26 The
warded UNERA	6	Lo	NAME (Type) A. M. FTE. TCE DEPUTY MEDICAL EXAMINER Dec. 8, 1959
forw TO FUI			22c, BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR, CREMATORY 22d, LOCATION (City, lown, or county) (Stote)  REMOVAL (Specify) 2/10/59 Deckleys will emelery tamps and Md. R.D.
'S. A15ME(S) SM 9/55	9		23. FUNERAL DIRECTOR'S SIGNATURE 4. ADDRESS! 240, REGISTRAR'S SIGNATURE DEC 1 4 '59 DATE DEC 1 4 '59

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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	7.8	134	42		CERTIF	ICA	ATE OF D	EATH			Reg. Di	st. No.		
1. 1	PLACE OF DEATH	•	13				2. USUAL RESID	ENCE (Whe	re decease	d lived. If institu		ce before o	odmissio	n) /
_ '	ISALT!	MORRE			MARYLA	ND		YLAN	10	b. COUN1	Was	hingt	on	
	b. CITY OR TOWN (If a	outside corporate limi	ts, write	c. LENGTH	OF STAY IN	1b	c. CITY OR T	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
(	ATOMS VIL			20	YKS,	,	Roh	10RS	V11.	le	21:	X-2		
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, g	^~	oddress)	HOSF	,	d. STREET A	F D	#1				ON A F	ARM?
3.	NAME OF	Fir	st		Middle		Last		4. DATE	М	onth	Day	Ye	or
	DECEASED (Type or print)	ONARD			1	110	GOWA.	4	OF DEATH	Decem	BER	15	Miles.	59
5. 5	SEX	6. COLOR OR RACE	7. MARE	RIED NEV	ER MARRIED		8. DATE OF BIRTH	1,		9. AGE (In year lost birthday		1 YEAR IF		
7	MALE	WHITE	WIDOW	ED 🔲	DIVORCED		4/22/	1400	2	5 9 yr		Days H	lours	Min.
10a	. USUAL OCCUPATION during most of working	(Give kind of work	done 10b.	KIND OF B	USINESS OR	INDUS	TRY 11. BIRTHPL	ACE (State o	or foreign o	ountry)	12, CIT	IZEN OF	WHAT C	OUNTRY?
F	ARM LABO			4 minute movember 4	-		191	ARYL	LAM	D	1	1.5	A	,
13.	FATHER'S NAME	0.					14. MOTHER'S	MAIDEN N		11				
	JAMES	Mª Gou	NA				MAR	THA	- /	HONE	5			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SEC	CURITY NO.		NFORMANT	1 0			ldress			
	HK.			1	7 1341	2	, G, S.t.	1.16	PCOR	05			B) (	
	18. CAUSE OF DEATH	1 [Enter only one co	use per li	ne for (a), (i					44			INTERV	AL BETY	VEEN
		WAS CAUSED BY:	)		501	10-	CH C	ARD	IAC	ARR	P57	014321	AIND D	LAIII
	420.1	DUE TO						1 1 19				140	NA	e -
	Conditions, if any	, which ) (b	1	1	ROBA	BL	e Cos	COMAD	RY	OCCLU	51011	PEA	14	SUDD
	gove rise to impose to couse (o), stoling the	mediate (	,											
	lying couse lost.	(0	)											
O	PART II. OTHE	R SIGNIFICANT CON	DITIONS	CONTRIBUTI	NG TO DEATH	H BUT				E CONDITION C	IVEN IN PAR	T 1(o) 19.	WAS AL	JTOPSY MED2
CAT	C	ENTRAL	NE	RVOV	S 5 11.	57	em S)	rphi	6415				ES 🗍	
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DES	CRIBE HOW	INJURY OCC	URREI	D. (Enter noture of	f injury in Po	ort I or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Doy, Ye	While	NJURY OCC	hile		ACE OF INJURY (! clory, street, office			or town)	(6	County)		(Stote)
2	p. m.	***		k ot war	-			. 1	2/10		w2			
	21. I certify tha	t I attended the			,		19.59	, ta	2.1.2	19_5	_Z_,that I	last saw	the d	eceased
	alive an		, 19	2-1	and that d	leath	occurred at.			n the causes treet, city or low		he date	stated	abave.
	ACTUAL SIGNATURE	thony S	.6	Sary	lane	9-	M.D. 5PA	PINIC			re 140	3 12 /	15	157
-	PHYSICIAN'S NAME (Type)	Thony	5, 1	LARO	FAH	0	s cons dies des des des des des qu	CAT	rons	VILLE		17/	),	
220	REMOVAL (Specify)	22b. DATE THEREC		De HAN	1ALL A	W.O	lock al	One	22d. LOCA	TION (City, lowr	or county)	111	(Stote)	
23.	FUNERAL DIRECTOR'S	SIGNATURE		AQUE	RESS			24a. REC'D	BY REGIST	TRAR 24b. REG	GISTRAR'S SIG	GNATURE		100
							The same	DATE IAB			withen S.	Thous		

DATE JAN 25 '60

VS A1S (4) 15M 9/S5

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				Louis State Co.
Manager Carlos	COLUMN COMPA			

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3442	CERTIFICATE OF	DEA1

	13442		CERTI	FIC	ATE OF DEATH	I	more, i	Reg. Dist	- parties	3419
1. PLACE OF DEATH a. COUNTY	Baltimore		MARY	LAND	2. USUAL RESIDENCE (Who a. STATE Mary		lived. If institution b. COUNTY	Galv		Issian)
b. CITY OR TOWN (I RURAL and give no Catonsy		its, write	6yrlmth23		c. CITY OR TOWN (If or Washing			URAL ond gi	ve nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION	ROVE STAT		oddress) SPITAL		d. STREET ADDRESS	roline	- S. E.	,		ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	George	st	Middle Sipe		McKnight	4. DATE OF DEATH	Man De c	m cember	Doy 21	Yeor 1959
5. SEX male	6. COLOR OR RACE	7. MARE	NEVER MARRIED DIVORCE		8. DATE OF BIRTH March 5, 190		AGE (In years last birthday)	I was the same of	YEAR IF UN Days Hour	
10a. USUAL OCCUPATIO during most of work Ca. TgO P	ON (Give kind of work king life, even if retired Dacker	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (Stole of Pennsyl	or foreign cou vania	ntry)		S. A.	AT COUNTRY
13. FATHER'S NAME	McKnight				14. MOTHER'S MAIDEN N Mary ?	Sif.	2e			
15. WAS DECEASED EVE (Yes, no. or unknown) unknown	R IN U. S. ARMED FOR (If yes, give wor or dates of	ervice)	8-30-7664	-	ecords: SPRIN	G GRO	VE STA		SPITAI	,
PART I. DEA  153.3  Conditions, if o gove rise ta i couse (o), stoting lying cause lost.	mmediate (	) )			rcinomatosis of the sigmoi	id.			ONSET AN	
CATIC					NOT RELATED TO THE TERMIN			EN IN PART	PERI	S AUTOPSY FORMED?
200. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY  200. TIME OF INJUR Haur a. m. p. m.	MEDICAL EXAMINER)		NJURY OCCURRED Not while	20e. Pi	ACE OF INJURY (Hame, farm, clary, street, affice bldg., etc.	, 20f. (City o		(Cc	aunty)	(State)
actual signature Physician's	Stella Wa	195 Wa	9, and that	death	occurred at 10:558	ADDRESS (Stre	the causes of th	ind an th	e dote sto	e deceased ated abave DATE SIGNEI =21. –59
220. BURIAL, CREMATIC BREMOVAL (Specify)	ON, 226. DATE THERE	OF.	22c, NAME OF CEM	ETERY C			ON (City, town, of	rg m	/	and
23. FUNERAL DIRECTOR	's SIGNATURE	0 1	ADDRESS	116	000	EC 2 4 'S	-0	STRAR'S SIG		

may be retained by the haspital or attending physician.

D. FUNERAL DACTOR: After this certificate has been signed by the attending physician and completely filled in base funeral director. page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO FUNERAL D

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

ofter death. Page 4

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TO HOSPITAL

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			10.00		Lighted
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on the	13443 CERTIFICATE OF DEATH Reg. Dist. No.
M)	1. PLACE OF DEATH O. COUNTY O. STATE MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution; Residence before admission) O. STATE MARYLAND  5. COUNTY  D. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  COCKEYS UILLE 5 YEARS+9 MO.  BALTIMORE 3 VOI-14
090	d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  MASONIC HOME  ON A FARM?  YES NO DESTRUCTION  ON A FARM?  YES NO DESTREET ADDRESS  ON A FARM?  YES NO DESTREET ADDRESS  ON A FARM?  YES NO DESTREET ADDRESS
	3. NAME OF DECEASED (Type or print) First E Middle E TEE 4. DATE Month Doy Year OF DEATH DEC 25 1959
	5. SEX  FE  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  5-27-1876  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. lost birthday)  83 yrs.  Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stote or foreign country)  HOUSEWIFE  12. CITIZEN OF WHAT COUNTRY  WARYWAND  U.S.
1)	13. FATHER'S NAME  THOMAS GIFFORD  14. MOTHER'S MAIDEN NAME  IRENE STEVENS
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  If yes, give wor or dates of service)  NONE  Trank L. Amith Cerekeywith Me
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost.  (c)  INTERVAL BÉTWEEN ONSET AND DEATH  ONSET AND DEATH  LY LEAD  LE LOS  ONSET AND DEATH  ONSET AND
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED (State)  While Not while of work
	21. I certify that I attended the deceased from $4-27$ , 1954, to $12-23$ , 1954, that I last saw the decease alive an $12-123$ , 1959, and that death accurred at 6:40 AM, from the causes and on the date stated above ADDRESS (Street, city or town, state), DATE SIGNATURE  M.D. Crockeywalle, Med. 12/25/59
	PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL  220. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) BURIAL  220. LOCATION (City, town, or county) Woodlawn, Maryland 230. FUNDERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
A.C.	William Cook, Inc., 1217 St. Paul Street DATE DEC 28'59 Outlan S. Huma

DATE DEC 2 8 '59

may be reta TO FUNERAL D VS A1S (4) 15M 9/SS

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ITTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

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**CERTIFICATE OF DEATH** 

Rea Dist No

**\*3444** 

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	4444											
1. PLACE OF DEATH o. COUNTY			MARY	LAND	o. STATE		nere deceased	lived. If institut b. COUNTY				sion)
Baltimo b. CITY OR TOWN (I RURAL ond give no	f outside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b		TOWN (If o		ate limits, write		give ne		n)
d. NAME OF HOSPIT OR INSTITUTION	Mills AL (If not in hospital, g	ive street	oddress)		d. STREET A		Mills		-		e. IS RES	SIDENCE A FARM?
126 Ple	asant Hill	Rd.			12	26 Ple	easant	Hill Rd	•			NO 🗆
3. NAME OF DECEASED (Type or print)	HERB		Middle C.		MILE		4. DATE OF DEATH	Dec		Do		Yeor 19 55
5. SEX male	6. COLOR OR RACE		RIED NEVEKMARNI EDUNOCONDIVORCE		DATE OF BIRT	н 1899		9. AGE (In years last birthday) 60 yrs	IF UNDE Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	dane 10b.		R INDUST		ACE (State	or foreign co	untry)	12. CI	TIZEN O	F WHAT C	COUNTRY?
13. FATHER'S NAME	25 112				14. MOTHER'S	MAIDEN N	NAME					
David M	files				C	arrie	Young					
15. WAS DECEASEDEVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO		ormant B. Blan	che Mi	iles -	126 Ple	<sup>lress</sup> Owi asant	ngs Hil	Mill Ll Ro	ls, Mo
Conditions, if or gave rise to it couse (a), stating lying couse last.	the <u>under-</u> DUE TO	de	ypisto	De la Company	leros	·				5	Typ.	
CATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) V. WAS AUTOPSY PERFORMED?  YES NO											
□ OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING   ZOD. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 1B.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
20c. TIME OF INJUR Hour o. m. p. m.												
21. I certify the alive an	at I attended the 0 - 3 - mus H.	deceas 195 G. E.	9	death of	D			the causes are correction of the causes are commented to the control of the causes are caused as a control of the causes are caused as a cause are caused as a caused as a cause are caused as a cause are caused as a caused as	nd on th		e stated	deceased abave.
220. BURIAY, CREMATIO REMOVAL (Specify) Burial	1 2/1/59	F	ZOTTAIT					ION (City, town,			(Stat	le)
23. FUNERAL DIRECTOR'	1 = 5/ 11/ 1/	P. 4 9	ADDRESS - V	Bath	6.17.		D BY REGISTE	RAR 24b. REG	ISTRAR'S S			

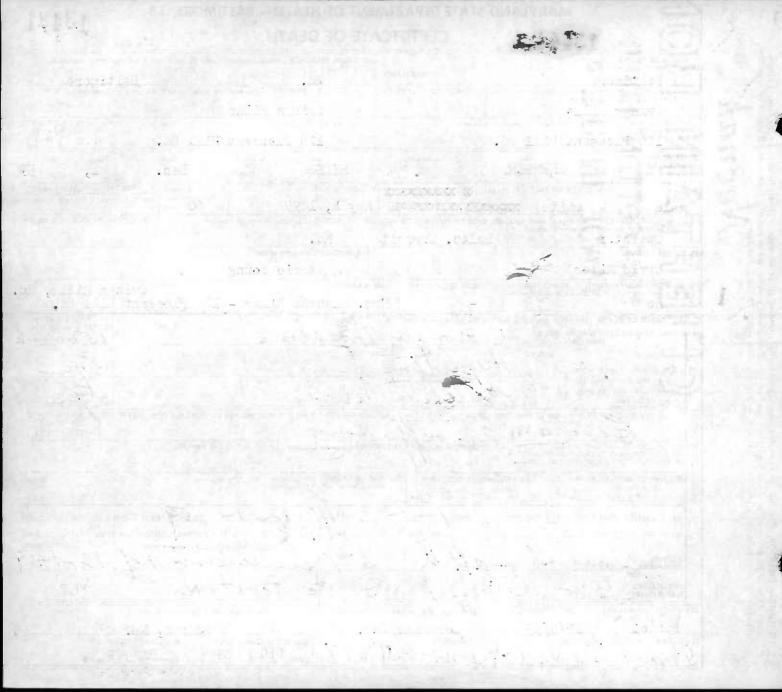
TO HOSPITAL OF STENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours for death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or removal, and in any event within 72 hours after death.

death. Page 4

filed with.

VS A15 (4) 15M 9/58



VS A15 (4) 15M 10/57 491.2E

104

		75330		Reg. Dist.	No.
)		PLACE OF DEATH ST. OFF MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	ed lived. If institution: Residence b. COUNTY	before admission)
-		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corp	porote limits, write RURAL and give	e nearest town)
		d. NAME OF HOSPITAL (IL pot in hospital, give street oddress) ORINSHIUTION ORINSHIUTION	6826 Mar	aso Drux	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED.  Type or print) FANNE Middle MI	LILE LOST  4. DATE OF DEAT	Month /Z -	Day Year 9- 1959
•	5.	emale White Widowed DIVORCED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 You have been been been been been been been be	
1	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU Alfring most of working-life, even of retired)	JSTRY 11. BIRTHPLACE (Stote or foreign	country) 12. CITIZE	OF WHAT COUNTRY
)	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (If yes, give wor or dates of service)	tarley Me	eller	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	netostases		INTERVAL BETWEEN ONSET AND DEATH
		175.0 DUE TO Conditions, if ony, which) (b) aderocare	eno. Na	m ?	?
		gove rise to immediate couse (a), stating the under-lying couse last.		(.	
2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFI	200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter notive of injury in Port I or Po	rt II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED thour a.m. p. m. 19 While of work of work	LACE OF INJURY (Home, form, 20f. (Ci octory, street, office bldg., etc.)	ly or town) (Cou	nty) (Stote)
		21. I certify that I attended the deceased from 5/26 alive on 12-2, 19.59, and that death	. / F	_/O, 19 <u>5</u> 9, that I las im the causes and on the	
		ACTUAL Stouley PStemback		Street, city or town, stote)	DATE SIGNE
1		PHYSICIAN'S NAME (Type)	<i>D</i>		
	1	BURIAL, CREMATION, 22b. DATE THEREOF 22c MAME OF CEMETER OF CHARLES OF COMMENTS OF COMMENT	CREMATORY 22d, LOCA	ATION City, town, of Sounty)	70 (Stote)
	23/	TUNERAL DIRECTOR'S SIGNATURE 2100 EUTOW	Place DEC 1 1	578 246. REGISTRAR'S SIGNA 59 Orthug 8, 4	

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per puo MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Maryland Baltimore b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) Sparrows Point 19, Md. Baltimore. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X Bethlehem Steel Hosbital 812 N. Washington St 3. NAME OF DECEASED 4. DATE Middle Month Year DEATH (Type or print) 21 1959 W. Miller 9. AGE (In years 5. SEX 6. COLOR OR RACE: 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min. WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Bethlehem Steel U. S. Bricklaver Helper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) ler 812N. WashINGTON St INTERVAL SETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (a) Coronary Thrombosis. DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while o. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 🗷 Inspection . and in my apinian death resulted from: Natural causes . Suicide . Hamicide . Undetermined manner Accident | DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER A EXAMINER'S Charles S. Petty, M.D. NAME (Type) DEPUTY MEDICAL EXAMINER

CTOR: DIREC 4 should be

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220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE

(Stote)

**ADDRESS** 240 REC'D BY REGISTRAR DATDEC 2 8 '59

arthur S. Kraus

A ST 330 MILLAR - MILLARY TO TRUBBER STATE GRADY XAM MUDICAL DOMAINER'S CERTIFICATE OF DEATH incident a motor A TERMINISTER STATE OF THE STAT The second part of the problem of the second Charles and the second second

13424

13447

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Balt	imore	MARYLAND	o. STATE	DENCE (Whe	re deceased live	ed. If institution b. COUNTY	Residence		sian)
RURAL and give n	(If autside corporate limit learest tawn) Fullerton	ts, write c. LEN	IGTH OF STAY IN 16		TOWN (If au	tside carporate	limits, write R	URAL and give	e nearest taw	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspitol, g		Belair Rd.	d. STREET	ADDRESS	ftwood	Rd.		ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin		Middle C.	Miller	si	4. DATE OF DEATH	Man	mber	Day 8	Year 1959
5. SEX Female			NEVER MARRIED	B. DATE OF BIRT	Н	9. A	AGE (In years ast birthday)	IF UNDER 1		ER 24 HRS.
10a. USUAL OCCUPATI	ON (Give kind of work or king life, even if retired)		Home	USTRY 11. BIRTHP	ACE (State o	r foreign countr		4	N OF WHAT	COUNTRY?
Wi	lliam Scot	t	terior de la companya		Nancy	Unknow	n			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of se	ervice)		informant ir. James	E. Mi	ller 4	Addi 206 Par	ess ekside	Drive	
	the <u>under-</u> DUE TO	CER! ARTER	a), (b), ond (c).] EBRAL OJEKERI		ENE		ED		2 YE	DEATH EACS
_	HER SIGNIFICANT CONI	DITIONS CONTRIB	BUTING TO DEATH BU	JT NOT RELATED TO	O THE TERMIN	NAL DISEASE CO	NDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURI	RED. (Enter noture o	of injury in Po	art t or Part It o	of item 1B.)			
Y 20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Doy, Yea	While _ N		PLACE OF INJURY ( factory, street, offic		20f. (City ar t	awn)	(Cat	unty)	(State)
21. I certify the alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Adam  HDAM C	deceased from 19 Sq John John Swi	om. APRIL , and that dea	th occurred at	1 A.			d on the d	date state	
22a. BURIAL, CREMATIC REMOVAL (Specify		7959 22c. 1	NAME OF CEMETERY	OR CREMATORY		22d. LOCATION	City, tawn,		(Sto	ite)
23. FUNERAL DIRECTOR			DDRESS Below	i Rel.	24a. BECO	BY REGISTRAR	24b. REGI	STRAR'S SIGN		

r death. Page 4 TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

the attending physician and completely filled in by the funeral director.

Then please remove carbon papers. Poges 1 and 2 shauld be filled with event within 72 hours offer deoth. HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate b may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached for use as the burial-transit permit. Then please remove cart the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after

The remotive codes they remove the remotive and the AN LOGICATION TO THE TOTAL TOT 10008 mail " A Marin of Industrial 2020 to 2020 is a sum in the County of A SECTION OF THE PROPERTY OF T The land of the state of the st

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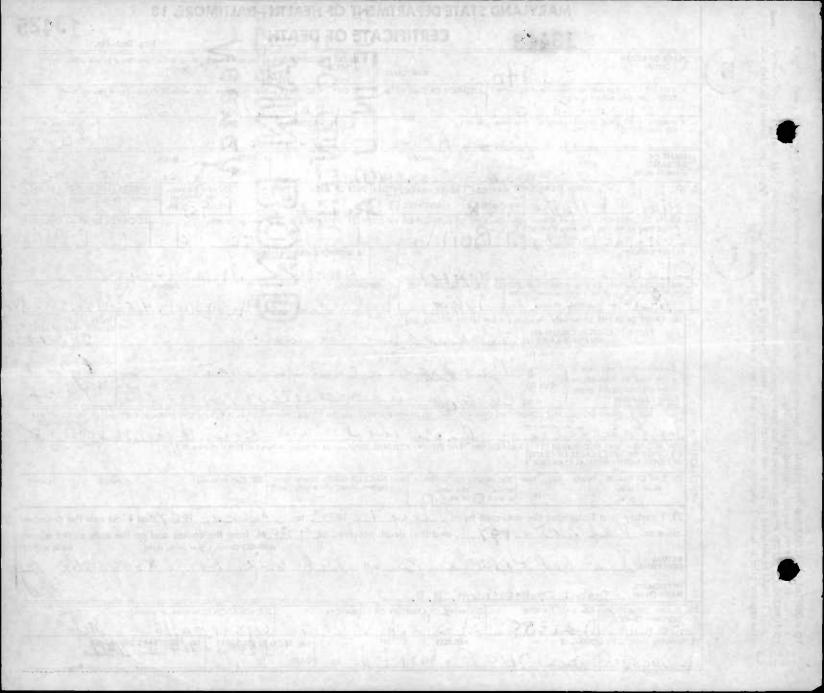
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13448 CERTIFICATE OF DEATH

Reg. Dist. No.

13425

1. PLACE OF DEATH o. COUNTY					
	Balto.	MARYLAND	2. USUAL RESIDENCE (Where deceas o. STATE	ed lived. If institution: Reside b. COUNTY	ence befare admission)
b. CITY OR TOWN (I RURAL and give no	f outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carp	porate limits, write RURAL and	give nearest town)
COO	- 11-		XU open Foll	e 1307	to Co
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street	address)	d. STREET ADDRESS	dro	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF	SOUNSHIM-	4. //-	1 3012 1101	7192	
DECEASED (Type or print)	George	Middle	Onmonie DEATI	H Dec	Day Year
5. SEX Male	White WIDOW	-	8. DATE OF BIRTH	last birthday) Months	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
during most of work	ring life, even if Tetired)	BUILDING	USTRY 11. BIRTHPLACE (Stote or foreign	country) 12. C	TITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	cc Man	. 9	14. MOTHER'S MAIDEN NAME	1	
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	Address	
(Yes, no. or unknown)	(If yes, give war ar dates of service)	None B.	er charles B. Mo	ninchier 14/0	Riverside;
	TH [Enter only ane cause per li	ne far (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Stoubles	Quemonic	e'	2 Incent
421.4	DUE TO				-/-
Canditions, if ar		11 bleace	k 1000 ulus	Din -	- yrs.+
gave rise to in cause (a), stating			1 11-0.	10	4 1
lying cause last.	(c) C(	voles lu	docorbiles	on ocarail	4 last
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
3 leure au	coliles -	Sl. ceret	ral through	Den It. Lapie	PERFORMED?
E 20g. ACCIDENT WA	S UNDERLYING   206. DESI	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part 1 or Pa	ort 11 of item 18.}	Their
20c. TIME OF INJURY Hour a. m. p. m.	Y Manth, Day, Year 20d. II While of wor	Nat while f	LACE OF INJURY (Home, form, 20f. (Ci- poctory, street, affice bldg., etc.)	ty or tawn)	(County) (State)
21. I certify th	at I attended the deceas	ed fram July	1, 1952 to Nec	Q 18. 19 5 9 that 1	last saw the decease
alive an 10	ce. 18. 195	9 and that deat	h accurred at 9:15 p. M. fra		
- 1-				Street, city or town, state)	- DATE SIGNI
0		13 4	600.	RIV	Mosville A
ACTUAL SIGNATURE	a hel H. U	a Clenton	M.D. Del uu		1-40 MILLELIA
PHYSICIAN'S	a hel H. L Isabel H. McCli	nton, M.D.	M.D. Del WY	//////	4 4 5 VILLE - 115
PHYSICIAN'S NAME (Type)		nton, M.D.    22c. NAME OF CEMETERY	M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D.	ATION (City, town, or county)	(State)
PHYSICIAN'S			DR CREMATORY 22d. LOCA	ATION (City, town, or county)	(State)



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may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and in ony event within 72 hayrs after the registrar priar to burial, cremation, ar remaval,

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL Q VS A1S (4) 1SM 9/S8

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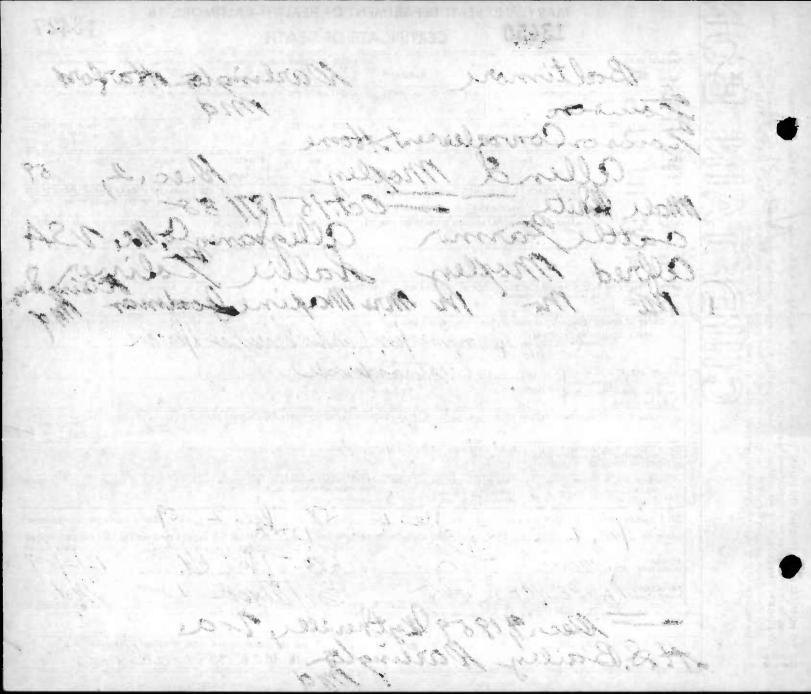
. PLACE OF DEATH								
a. COUNIY _		-, -1 +1		2. USUAL RESIDENCE (W	here deceosed lived.	If institution:	Residence before	e admission)
Ba	ltimore		MARYLAND	o. STATE Md	. • b	COUNTY B	4/1/1/mg	re A.A.
b. CITY OR TOWN	(If outside corporate lim	its, write	LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate lim	its, write RURA	L and give near	rest town)
RURAL ond give r	nearest town)			661A-13h			d Beach	12V
	TAL (If not in hospital, g	nive street ad	Idress)	d. STREET ADDRESS	1.1.1	eentan		. IS RESIDENCE
OR INSTITUTION		7 173		1011101	Box 110	. / FW-1-1-1		ON A FARM?
	Summit N			/Summart	Nursan	y/Home		YES NO 🔀
NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE OF	Month	Day	
(Type or print)	Char		Eugene	Mounts	DEATH	Dec	. 31,	1959
. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	1 1 4			IF UNDER 24 HE
male	white	WIDOWED	DIVORCED	June 8, 18	87 72	birthdoy) M	onths Days	Hours Min.
0a. USUAL OCCUPATI	ON (Give kind of work	dane 10b. KI	ND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State			12. CITIZEN OF	WHAT COUNTR'
Retire	rking life, even if retired	1)		Council	Bluff,	Iowa	U. S.	A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN				
The state of the s	Unknown			Unknown				
MAC DECEMENT FOR					0.1			
S. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		OCIAL SECURITY NO.	INFORMANT		Address		
ves	W.W. I	1	none I	Edgar C. Pow	ers 9 I	E. Fra	nklin	Street
				101 4-17	0 10-1	1 6 5	A .	
gave rise to cause (o), stoting lying couse lost.	the <u>under-</u> DUE TO	:)	GENERAL BI	JT NOT RELATED TO THE TERM	INAL DISEASE CONI			P. WAS AUTOPS PERFORMED? YES NO
gave rise to cause (a), stoting lying couse lost.  PART II. OT  20a. ACCIDENT W  OR CONTRIBUTING (IF EITHER, NOTIF)	immediate DUE TO	D) NDITIONS CO	INTRIBUTING TO DEATH BI		INAL DISEASE CONI	DITION GIVEN		PERFORMED?
gave rise to cause (a), stoting lying couse lost.  PART II. OT  20a. ACCIDENT W  OR CONTRIBUTING (IF EITHER, NOTIF)	immediate   DUE TO	DITIONS CO	INTRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERM	Part I or Port II of i	DITION GIVEN		PERFORMED?
gave rise to cause (o), stoting lying couse lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJU Hour a. m. p. m.  21. I certify to alive an actual signature  PHYSICIAN'S	immediate public in the under the un	20b. DESCR  20b. DESCR  or 20d. INJ While at wark of deceased	INTRIBUTING TO DEATH BI  IBE HOW INJURY OCCUR  URY OCCURRED   20e.  Not while of work   20e.  d fram and that dea	PLACE OF INJURY IHome, for foctory, street, office bldg., etc.  19 , ta	Part I or Port II of i	tem 18.)  19, tho	(County) at I last saw	YES NO (State
gave rise to couse (o), stoting lying couse lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF)  20c. TIME OF INJU Hour a.m. p.m.  21. I certify talive an	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Ye  19  hat I attended the	20b. DESCR  20b. DESCR  or 20d. INJ While at wark    deceased  Co. Mc (	INTRIBUTING TO DEATH BI  IBE HOW INJURY OCCUR!  URY OCCURRED   20e.  Of work   20e.  d fram  and that dea	PLACE OF INJURY IHome, for foctory, street, office bldg., etc.  19 ta_ th accurred \$2.354_  M.D	Part I or Port II of i	n)  19, the auses and a y or town, state of the country town, state of the country town, or a country tow	(County) at I last saw an the date	YES NO (State of the decease stated above DATE SIGNI

agonicias to the same aron, Fr mention of contribution 97011111 Suggest to Huraing Yome Suggest Harmains Lone Harmain Charles Engene Noumes - F C Dec. 31, June 5, 1007 mele estable estable Council Bluff, loss U. C. A. 1.400-11 Inlandin H.M. I the none legger C. Fowers 9 S. Franklin Street A TOTAL SECTION AND THE PARTY OF THE PARTY O L'inner alle after l'in l'inner l'in RESERVED A. C. McGruth, M. D. 1303 Relefick ford Burial 11.150 Eploymere Nami dem, Delvinore, Maryland

Mowers A. Hubbard Will Hilkens Avenue 18 JA

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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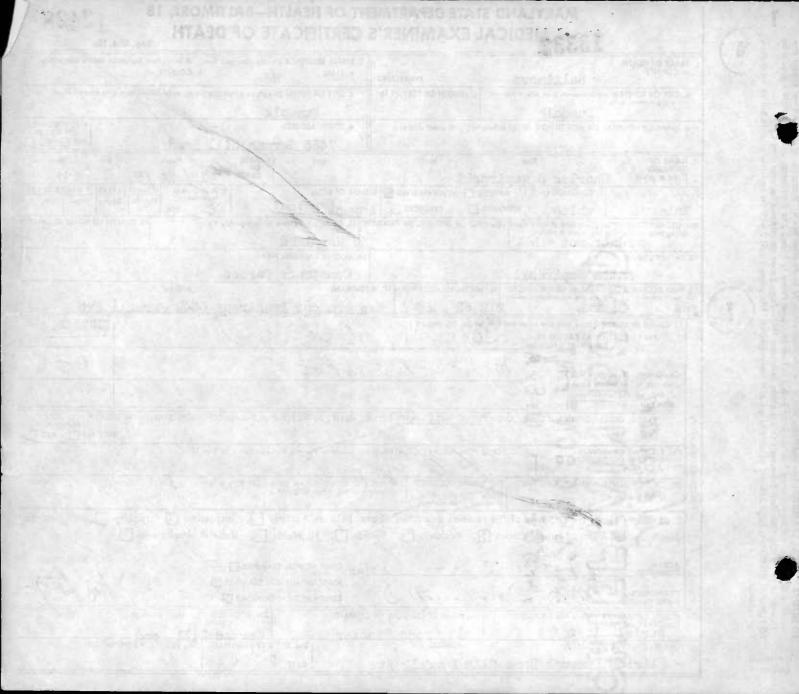
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1220 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13428

13332				Reg. Dis	it. No.
1. PLACE OF DEATH  o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (W	- b CC	institution: Residen	ce before odmission)
b. CITY OR TOWN (If outside corporate limits, write BURAL and give negrest town)  Dundalk	c. LENGTH OF STAY IN 1b		outside corporate limits,	write RURAL and	give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street address)	d. STREET ADDRESS	man Hill Ro	he	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First  OBCEASED (Type or print) Charles S Napi	Middle	Lost		Month 24 /59	Day Year
	ARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In y	ors IF UNDER 1	
Male white WIDO	OWED DIVORCED 1	ugust 6 1893	last birthday 66		Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of during most of working life, even if retired)  gardner ret	06. KIND OF BUSINESS OR INDUST	Maryland	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Anton Napiraski		Constance	Dardes	her but	
[Yes, no, or unknown] [If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. III	oformant es Frances Ar		ddress	l Ave
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  420. DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITION  200. EXTERNAL CAUSE WAS 20b. DESC	lindfor (o), (b), and (c).] Coken pry  -5-c-v I	OCCLU ) 158752 HOT RELATED TO THE TERMI	S 10 p		INTERVAL BETWEEN ONSET AND DEATH
PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.   20c. TIME OF INJURY   Month, Day, Year   2   Hour   a, m,	Od. INJURY OCCURRED 208. PLAN While Not while fock of work of work he remoins described obo	CE OF INJURY (Home, form ory, street, office bldg., elc.	20f. (City or town)  /, Inspection, Undetermin		
EXAMINER'S M. B. D.	Avis MD.	DEPUTY MEDICAL I		/ }	18/19=
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  DUTIAL 2/28/59  23. FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY OR Holy Cross Cem ADDRESS	netery	22d. LOCATION (City, 1) Cerman Hill BY REGISTRAR 24b.		(State)
Ullrich Funeral Home			EC 3 0 '59	arthur &	

VS. A15ME(5) 5M 9/55

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fter death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 7 FilmG254 12-30-59 et CERTIFICATE OF DEATH

Reg. Dist. No.

13429 32

D FUNERAL EXECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with	X	)
illed in by i		
ompletely fapers. Pag	fh.	
sician and c	rs after dea	I
ending phys lease remay	the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.	
by the att	ny event wi	
been signed transit pern	al, and in a	7
ficate has the burial-	, ar remavo	(
er this cert far use as	, crematian	
CTOR: Aft e detached	ır ta burial	
S shauld b	gistrar pric	
Page page	the re	-

13451 1. PLACE OF DEATH a. COUNTY Baltimore b. CITY OR TOWN (If outside corporate limits, write

MARYLAND C. LENGTH OF STAY IN 16

22d LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

24a. REC'D BY REGISTRAR

DATE EC 23

(State)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

Mt. Wilson /C DAVS	RURAL EDLAND FARM WOODSTOCK
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Mt. Wilson State Hospital	EDLAND FARM 13X-2 ON A FARM?
3. NAME OF DECEASED (Type or print) JOSEP H JULIUS C	Lost 4. DATE Month Day Year OF DEATH 12 - 17 - 1950
MALE WHITE WIDOWED   UNK BNOKED	B. DATE OF BIRTH  C-/5-1900  9. AGE (In years   IF UNDER 1 YEAR   F UNDER 24 HRS.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  LABORER  FARMING	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NICHOLAS OLZEWSKI	ELVANINA 2
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes. no. or unknown) [1] (If yes, give wor or dates of service)	NFORMANT Address
	ospital Records, Mt. Wilson State Hospital
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	YCED PULMONARY TUBER CULOSIS
OO 2 X DUE TO	TCEIT TUCTOURALY TUBERCULUIS
Canditions if any which )	ONE MONT
gave rise to immediate (	ONE PIONTI
lying cause last.    Column	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
CATIC	PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. P. m. 19 While at work at work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 12 7 alive an 12 - 16 -, 1959, and that death	occurred at 7:15 AM, fram the causes and on the date stated above.
ACTUAL CONTRACTOR OF THE CONTR	ADDRESS (Street, city or town, state)  DATE SIGNED
	M.D. Mt. Wilson, Maryland
PHYSICIAN'S NAME (Type) William Newcomer, M.D.	Superintendent

22c. NAME OF CEMEJERY OR CREMATORY

ADDRESS

TO HOSPITAL TO FUNERAL VS A15 (4) 15M 10/57

may be ret

ECTOR: After this certificate has been signed by the haspital ar attending physician.



BURIAL, CREMATION,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the company page 3 shauld be detached for use as the burial-transit permit the registrar prior to burial, cremation, ar remayal, and it

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13452 CERTIFICATE OF DEATH Rea. Dist. No with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND BALTO ARYLAND SALTIMORE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be RURAL and give nearest town) P ROSEDALE. KOSEPALE d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? PHILADELPHIA READ. 8414 PHILADELPHIA ROAD YES NO and NAME OF Middle 4. DATE Year Day DECEASED OF DEATH ERBERT I)EC ages (Type or print) 1959 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Doys WHITE AUG 28, 1888 ban papers. er death. DIVORCED T WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NCHOS POST MARYLAND U.S.A. Assemblyman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANNIE RAUSCH. OSCAR OTTO haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT HELNINA OTTO 8414 PHILA ROAD 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART 1(0) 12. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) MEDI Hour 0 m While Not while ot work ot work 21. I certify that I attended the deceased fram 19 that I last saw the deceased and that death accurred at [] M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) EC 18, 1959. BALTIMORE BALTIMORE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 2 1 '59 arthur S. Thous 7401 BELAIR Rd.

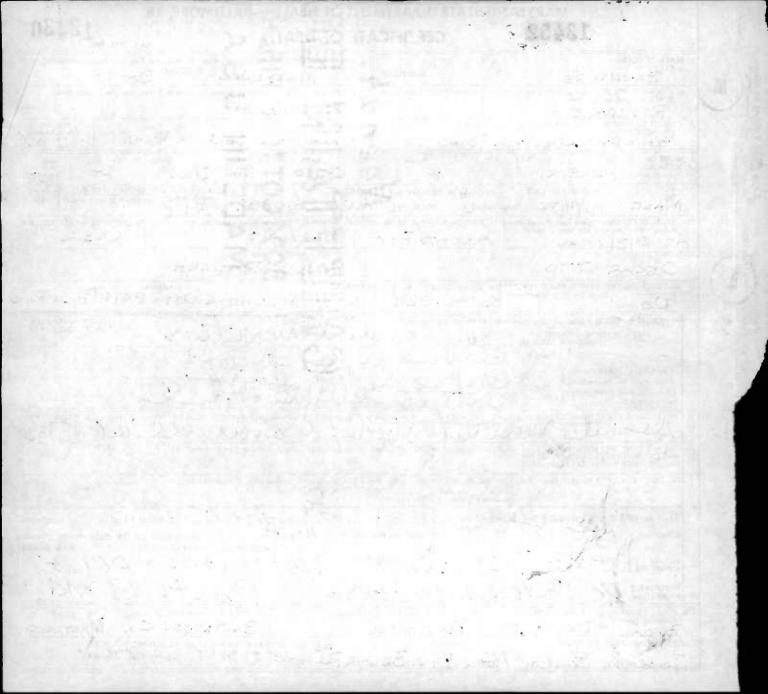
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13453

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

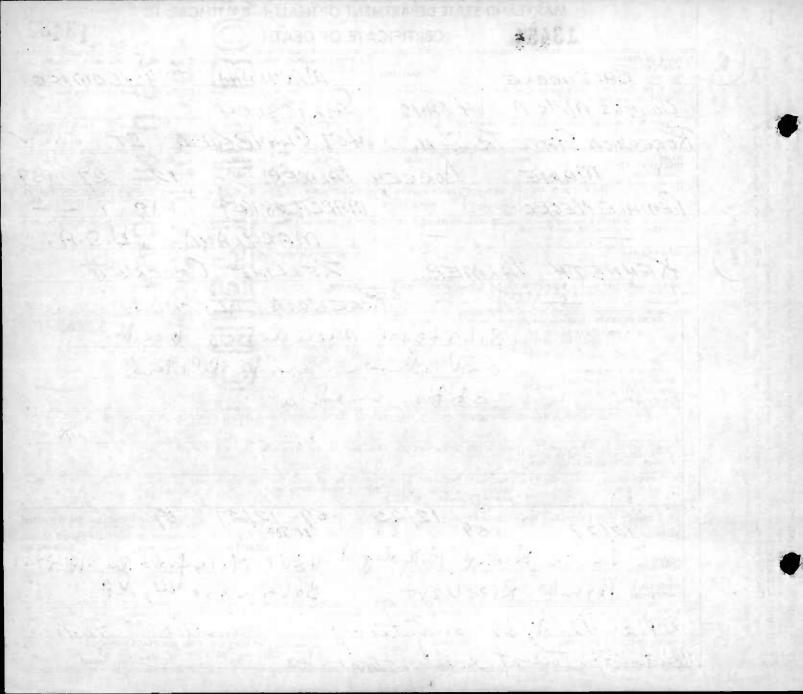
1	1. PLACE OF DEATH  o. COUNTY  Baltimore  MARYLAND					g. STATE Mary		l lived. If instituti b. COUNTY		e before od	mission)
	RURAL and give ne		ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (I		rote limits, write R	RURAL ond gi	ve nearest	lown)
)	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Veterans Administration Hospital					d. STREET ADDRESS		n Street	.31	0	RESIDENCE N A FARM?
3	NAME OF DECEASED (Type or print)	Fire HENRY	st	Middle	PAAF	Last	4. DATE OF DEATH	DECEMBI		Day 25	Yeor
S	. sex Male		-	D NEVER MARRI	ED   8. I	2/11/97		9. AGE (In years lost birthdoy) 62 yrs.	IF UNDER 1		NDER 24 HRS urs Min.
C	las Station 3. FATHER'S NAME	ing life, even if retired)	)	as Statio	n	Baltimore  14. MOTHER'S MAIDEN	, Maryl		U.	S.A.	AT COUNTRY
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- CITACIT	5	IER SIGNIFICANT CON				OT RELATED TO THE TER			VEN IN PART	PE	AS AUTOPSY REORMED?
	20c. TIME OF INJUR Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Yeo	or 20d. INJ While of work	URY OCCURRED Not while of work	20e. PLACE foctor	OF INJURY (Home, for	orm, 20f. (City	or town)		ounty)	(Stote
2	ACTUAL SIGNATURE	ALTER C. GC	OLDSTE	Alex R	death a	vah, Balto	ADDRESS (Sh. MD. F.	the causes ar reet, city or town,	nd an the stote)  DIVIS  DIVISION	date sta SION ON 12/	nted abave
	REMOVAL (Specify) Burial 3. FUNERAL DIRECTOR	Dec 20,	1955	Louden				Baltimor			

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. requires that the death certificate be executed within 24 haurs of TO HOSPITAL OF VS A1S (4) 1SM 9/S8

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ء د	-	13454 CERTIFICATE OF DEATH  Reg. Dist. No. 13432
directar, iled with	(W	1. PLACE OF DEATH o. COUNTY  BALTIMORE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY b. COUNTY 4. COM 1. CO
the funeral dire	(0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  4 1945  4 1945  4 1945
70	012	d. NAME OF HOSPITAL (If not in hospital, give street address)  ORINSTITUTION  OSEWOOD THE TRINGLES 407 CLAYBOURNE ST. VES NOTE NOTE IN OUT
filled in b ges 1 ond		3. NAME OF DECEASED (Type or print) MARIE DOREEN PALMER DEATH 12 27 1959
Po		5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday)  Months Days Hours Min.
d completely	death.	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
ion ar	I)	13. FATHER'S NAME LANGER 14. MOTHER'S MAIDEN NAME CROCKETT
	Non Z	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address  (If yes, give war or date of service)  (If yes, give war or date of service)  (If yes, give war or date of service)
offendin	nidiw	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
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gne	yno ni s	Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying cause lost.
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nding phose cote hose ne burial	or remo	YES 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)
or offers or	nation,	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. 20d. (County) (Stote)
haspitol After th	al, crei	21. I certify that I attended the deceased from 12/23, 1959 to 12/27, 1959 that I last saw the deceased
det de	0 0	alive an 12/2/, and that death accurred at 1.20 M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  ACTUAL SIGNATURE  FIGURE  12-27-5
retoined RAL DIRE should be	ne registror prior	PHYSICIAN'S Peter W. Rieckert Baltimore 14, MD.
may be re Page 3 sh	0 0 0 0 0	22a. BURIAL, CREMATION, 22b. DATE THEREOF, REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City flown, or county) (Stote)
E Q 6.3	Ě	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE JAN 4 '60 CARTHUM & Trans
M 9/5B	131	Chite of Lelling Kalester Hole DATE DATE OF CHILD S. Thomas



13433

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence book STATE b. COUNTY battu	
c. CITY OR TOWN (If outside carporate limits, write RURAL and give Baltimone	nearest town)
316 TRETT DECES & Road	e. IS RESIDENCE ON A FARM? YES NO
Parlett 4. DATE Month 26, 1	959 Year
August 2, 1879 (by birthday) yrs. Manths Day	
Baltimore County USA	OF WHAT COUNTE
14. MOTHER'S MAIDEN NAME Frances Hughes	
	Road
of Gernding Colon "	NTERVAL BETWEEN ONSET AND DEATH
IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
ED. (Enter nature of injury in Part I ar Part II af item 18.)	
PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (Coun actory, street, affice bldg., etc.)	ly) (State
th accurred at 10:32 M, from the causes and on the c	saw the decease
M.D. 6805 JOSE Kd.	DATE SIGN
	c. CITY OR TOWN (If autside carporate limits, write RURAL and give a Baltimone    316 STREET DORESS   Road

DATE

John A. Moran 3000 E. Paltimore Street

page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau by the haspital or attending physician. may be reto TO HOSPITAL VS A15 (4) 15M 9/55

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12/50

Glen Burnie, Maryland

arthur S. Kraus

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, lown, or county)

24a. REC'D BY REGISTRAR DATDEC 2 8 '59

(Stote)

death. Page 4

the attending physician and completely filled in Then please remove carbon papers. Pages 1 and event within 72 hours ofter death. or removal, and in any detached for use as the burial-transit the registrar prior to burial, cremation,

TENDING PHYSICIAN: The law requires that the death certificate be

b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Catonsville  d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION SPRING GROVE STATE HOSPITAL  3. NAME OF DECEASED (Type or print)  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED PATSONS FIRST FIRST MIDDING PATSONS  6. COLOR OR RACE 7. MARRIED NEVER MARRIED MAY 22, 1892  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)	St.  Month Day Year  JEUNDER 1 YEAR IF UNDER 24 HRS.  Dythdoy) Months Days Hours Min.							
RURAL ond give negrest town) Catonsville  Jyrómthlldys Babtimore  d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION SPRING GROVE STATE HOSPITAL  July West Baltimore  3. NAME OF DECEASED (Type or print) Mamie  First Mamie  Mamie  A. DATE OF DECEASED (Type or print)  S. SEX  C. COLOR OR RACE  Mamie  Middle  Parsons  Parsons  Parsons  Parsons  Parsons  Parsons  Parsons  Parsons  OF DEATH  J. AGE Lost  May 22, 1892  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)	St. St. St. SRESIDENCE ON A FARM? YES NO   Month Day Year  2 3 19 5 9  (In years biglidoy) Yrs. Months Days Hours Min.							
Catonsville lyromthlldys Battimore  d. NAME OF HOSPITAL (If not in hospitol, give street oddress) SPRING GROVE STATE HOSPITAL  3. NAME OF DECEASED (Type or print)  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED PArsons  6. COLOR OR RACE 7. MARRIED NEVER MARRIED MAY 22, 1892  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)	St.  ON A FARM? YES NO   NO   ON A FARM? YES NO   NO  ON A FARM? YES NO   NO  ON A FARM? YES NO  ON A FARM? YES NO  NO  NO  ON A FARM? YES NO  NO  NO  NO  NO  NO  NO  NO  NO  NO							
SPRING GROVE STATE HOSPITAL  1414 West Baltimore  3. NAME OF DECEASED (Type or print)  Mamie  Mamie  Mamie  May 22, 1892  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)	St.  ON A FARM? YES NO   NO   ON A FARM? YES NO   NO  ON A FARM? YES NO   NO  ON A FARM? YES NO  ON A FARM? YES NO  NO  NO  ON A FARM? YES NO  NO  NO  NO  NO  NO  NO  NO  NO  NO							
SPRING GROVE STATE HOSPITAL  3. NAME OF DECEASED (Type or print)  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   Parsons   Pars	Month Day Year  O C . 23 19 5 9  (In years bythday) yrs.   Months Days Hours   Min.							
DECEASED (Type or print)  Mamie  Parsons  Farsons  OF DEATH  S. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  female white widowed   Sepoivorced   May 22, 1892  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)	(In years bighdoy)  Yrs.  19 59  19 59  19 59  10 19 59  Months Days Hours Min.							
female white widowed Sepaivorced May 22, 1892  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)	birthdoy) Months Days Hours Min.							
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100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	12 CITIZEN OF WHAT COUNTRY							
during most of working life, even if retired)	12. CHIZEN OF WHAT COUNTRY							
housewife Alabama	U. S. A.							
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	•							
Unknown Elizabeth ?	Elizabeth ?							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  [Yes, no. or unknown]   III yes, give wor or dotes of service)	Address							
unknown None Records: SPRING GROVE	STATE HOSPITAL							
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 5 hoc K	ONSET AND DEATH							
420.0 DUE TO								
Conditions, if ony, which) Brterio Sclerotic Heart	- CUISEASE longston							
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couse (o), stoting the under- lying couse lost.	105/5 11/11							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFORM YES OF DEATH OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUT								
							20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.)	
OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Month, Day, Year Not	(State)							
Hour o. m.  P. m.  While Not while of work of work of work								
21. I certify that I attended the deceased from Dec. 22 , 19 59, to Dec 23	, 19 5 9, that I last saw the deceased							
alive on Dec 23 , 1959, and that death occurred at 750 P.M. from the c								
ADDRESS (Street, city or town, stote)								
SIGNATURE & 2000 Radausles M.D. SPRING GROVE ST.	ATE HOSPITAL 1.2/23/G							
PHYSICIAN'S BRUNO RADAUSKAS' Catons ville 28, M	aryland							

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Haven Mem. Park

poge 3 should be TO FUNERAL D VS A15 (4) 15M 10/57

220. BURIAL, CREMATION, 226. DATE THEREOF

2-26-59

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13457

CERTIFICATE OF DEATH

Reg. Dist. No.

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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs.	The moy be retained the hospital or ottending physicion.	2 TO FUNERAL DIMECTOR: After this certificate has been signed by the attending physician and campletely filled in by	(4	)
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	PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	2. USUAL RES	Mary		b. COUNTY		timore	
	B. CITY OR TOWN	(If autside carporate limit	s, write c	6 Yrs.	r IN 1b		TOWN (If or		rate limits, write l	RURAL and g	give nearest tow	rn)
	d. NAME OF HOS OR INSTITUTION	PITAL (If not in haspital, gi		dress) an Ave.		/ d. STREET 734"		dman	Avenue		ON	SIDENCE A FARM? NO XX
	NAME OF DECEASED (Type or print)	W1111		Middl E •	•	tters	on On	4. DATE OF DEATH	De Ce	ember	Doy 23,	Yeor 19 59
5. 1	Male	6. COLOR OR RACE White	7. MARRIEI			Jan.		907	9. AGE (In years last birthday)		Days Hours	DER 24 HRS.
10a	USUAL OCCUPA	TION (Give kind of work d rking life, even if retired)	one 10b. KII Bet				rgini		ountry)		S.A.	T COUNTRY?
13.	FATHER'S NAME					14. MOTHER	S MAIDEN N	IAME				
	The	omas Patte:	rson			Ma	ry Per	nning	ton			
15.	WAS DECEASED E	VER IN U. S. ARMED FOR	ES? 16. SC	CIAL SECURITY NO	D. 17. IN	FORMANT			Add	lress		-
	Ye s	Army WW11	23	6-07-72	54 M	irs. Et			beth) 1		rson	
		EATH [Enter only one con EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	use per line	for (a), (b), and (c)		047 W	Lun		. 19, 1	Md.	INTERVAL B	ETWEEN DEATH
	163X	DUE TO			V 1		/	1			1	
	Conditions, if	any, which } (b)			8			/				
	gave rise to cause (a), statin	immediate ( DUSTO										
	lying couse las											
CERTIFICATION	PART II. C	THER SIGNIFICANT COND	OITIONS CO	NTRIBUTING TO DI	ATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASI	CONDITION GIV	VEN IN PART	1(o) 19. WAS PERFO YES	DRMED?
	OR CONTRIBUTION	VAS UNDERLYING A IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY (	CCURRED	. (Enter nature	of injury in P	art I ar Part	11 of item 1B.)			
MEDICAL	20c. TIME OF INJU Haur a. m p. m	. 10	While _	Not while ot wark	20e. PLA foci	CE OF INJURY lary, street, affic	(Home, farm, ce bldg., etc.)	20f. (City	or town)	(C	County)	(State)
	21. I certify	that I attended the	deceased	from	ine	195	7. ta	DEC.	3, 195	that I I	ast saw the	decensed
	alive on	Nec 23	, 19 5	46.0			10:151	M. fram	the causes	and on th	ne date stat	ed abave
		1. 6	il.	1					reet, city or town,			ATE SIGNED
	ACTUAL SIGNATURE	Jan C	ras	sel	A	A.D. 3	5015+	Pau	e Stree	1 13	res Hd	12/24/5
	PHYSICIAN'S NAME (Type)	Leon E. Ka	ssel,	M.D.								7
22o	BURIAL, CREMAT	Dec. 27		22c. NAME OF CEM		crematory emeter			ION (City, town,		(Sto	
23.	John J.	r's SIGNATURE Duda 7922	2 Wis	ADDRESS e Ave.	22,	Md.	1	BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1. PLACE OF DEATH o. COUNTY  Baltimore		MARYLAND	2. USUAL RESIDENCE (		lived, If institution b. COUNTY		before odmission) Mary's
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) Catonsville	s, write	c. LENGTH OF STAY IN 16  5vrlmth22dys	c. CITY OR TOWN (	outside corporo		IRAL ond giv	re nearest town)
d. NAME OF HOSPITAL (If not in haspital, gi or institution SPRING GROVE STATE	HOSP]		d. STREET ADDRESS				•. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Ca:	roline	Middle N.	Perry	4. DATE OF DEATH	Decem		Day Yeor 15 19 59
female white	WIDOWED	GP-00		897?	last birthdoy) 62? yrs.	Months D	YEAR IF UNDER 24 HRS. Pays Hours Min.
10o. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)  housewife	done 10b. K	IND OF BUSINESS OR INDE		ole or foreign cou rth Caro			S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDER				
James				Prestly			
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no. or unknown) (It yes, give war or dates of se	ervice}		Records: SP	RING GR	OVE STA		OSFI TAL
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	, C	oronaryand ge					NAME AND DESCRIPTION OF THE PROPERTY OF THE PR
PART II. OTHER SIGNIFICANT CON  PART III. OTHER SIGNIFICANT CON  OR CONTRIBUTING  CAUSE OF DEATH  OR CONTRIBUTING  CAUSE OF DEATH	-	RIBE HOW INJURY OCCURR				EN IN PAKI	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESC	KIBE HOW INJURY OCCUR	ED. (Enter nature of injury	in Port i di Port	n or nem ro.,		
20c. TIME OF INJURY Month, Doy, Yes Hour a. m. p. m.	While		PLACE OF INJURY (Home, foctory, street, office bldg.,	etc.)			ounty) (State)
21. I certify that I attended the alive on Dec. 15  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) Stella Wac	Jac	52,_, and that deal	h occurred of 7:0	OD M, from ADDRESS (SIR GROVE	the causes o	nd on the stote) HOSPIT	DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THERECO	59	Ebenez	OR CREMATORY	14	ON (City, town, o	or county)	(State) Md
23. FUNERAL DIRECTOR'S SIGNATURE		Lagrante	DATE	DEC 1 8 '5	9 24b. REGIS	TRAR'S SIGN	Thanks

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

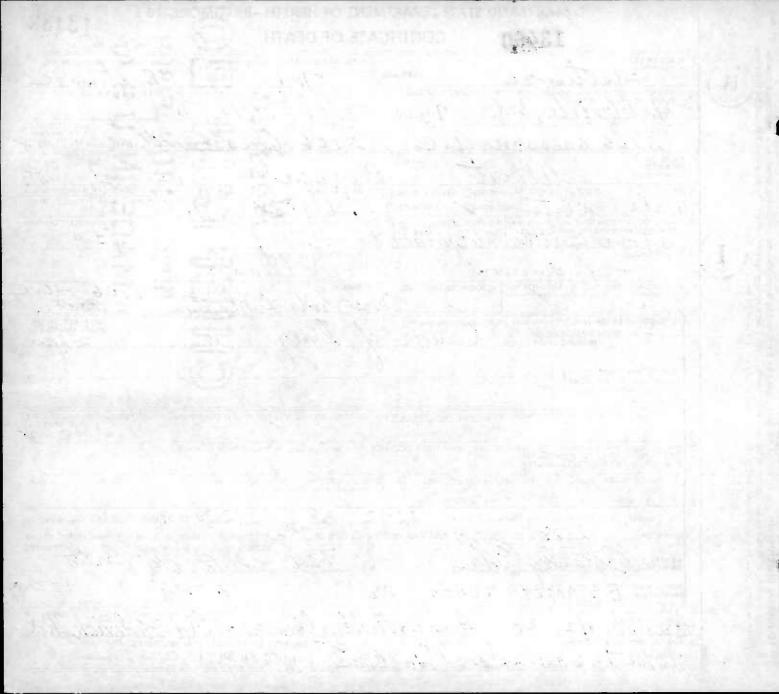
TO FUNERAL DIACTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please reports carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 77 hours after death. VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

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Reg. Dist. No.

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	PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESID	ENCE (Wh	ere deceased l	ived. If institution b. COUNTY	Balt	befare admis	ssian)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  ROYL dence	li n	own (If o		te limits, write R	URAL ond giv	ve nearest taw	/n)
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 938 Ellendale Drive	d. STREET AI	DDRESS		drive		ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)  Ray W. Pitts	Last		4. DATE OF DEATH	Dec		20	Year 19 59
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	8-24-18	879	9.	AGE (In years last birthday) 80 yrs.		YEAR IF UND	_
	during most of working life, even if retired)  water dept.  FATHERS NAME	STRY 11. BIRTHPL	Mary	or foreign cau Land	ntry)	US	A WHAT	COUNTRY?
	Charles L. Pitts	-		Burne	tt			
	WAS DECEASED EVER IN U. S. ARMED FORCES? s. no, or unknown) (If yes, give war or dates of service)	INFORMANT	1/•		Add	me.		
Z	PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (0)   BTERIO SCLEATION   DUE TO	NOT RELATED TO			ONDITION GIVE		1(a) 19. WAS	AUTOPSY
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						YES C	ORMED?
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hoctory, street, office			r town)	(Co	ounty)	(State)
	21. I certify that I attended the deceased fram alive an DEC 13, 1959, and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) WILLIAM A PILLS BURY	. 19 <u>5</u> 7			ne causes an	d an the	t saw the date state	
220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO REMOVAL (Spepify) 12-23-59 Jessup (e)	or crematory metery		0 /	imore,	MI	(Sto	ote)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Leonard J. Ruck 5305 Harford Rd		240. REC'	D BY REGISTRA	***	STRAR'S SIGH		

death. Page 4

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs,

VS A15 (4) 15M 9/58

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24a. REC'D BY REGISTRAR

DFC 23 '59

DATE

24b. REGISTRAR'S SIGNATURE

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VS A15 (4) 15M 10/57

23- FUNERAL DIRECTOR'S SIGNATURE

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1	PLACE OF DEATH o. COUNTY Ba	ltimore		MARY	LAND	2. USUAL RESIDENCE O. STATE	E (Where deceas	ed lived. If instituti b. COUNTY	on: Reside	ence befo	ore odmiss	ion)
1	b. CITY OR TOWN (I RURAL ond give no LOWSO		nits, write	c. LENGTH OF STAY		c. CITY OR TOWN		porote limits, write R	URAL ond	give ne	arest town	)
	d. NAME OF HOSPIT	AL (If not in hospitol, wood Road	give street	oddress)		d. STREET ADDRE	SS					IDENCE FARM? NO
3.	NAME OF DECEASED (Type or print)		otte	Middle BARBER POW		Lost	4. DATE OF DEAT	-		De	-/	Yeor 19 <b>59</b>
5.	Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		ctober 15	, 1887	9. AGE (In yeors lost birthdoy) 72 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	R 24 HRS. Mín.
10	o. USUAL OCCUPATION during most of work Housewife	DN (Give kind of work king life, even if retired	done 10b. d)	Own Home		Geor		country)		USA	F WHAT C	OUNTRY?
13	Frank B	arber				14. MOTHER'S MAII	DEN NAME Circople	У				
	. WAS DECEASED EVE			SOCIAL SECURITY NO		FORMANT MILY Record		Add	ress			
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (  DUE TO	0)	MYOCARI DRONAR	DIAL	INFAR.	CHON		1	ON	ERVAL BE SET AND	DEATH
z	gove rise to i couse (o), stating lying couse lost.	the under-	c) (	CONTRIBUTING TO DE	HE BUT I	TART DI	SEASE	ASE CONDITION GIV	VFN IN PA	PT 1(a)	19. WAS	S AUTOPSY
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH		CRIBE HOW INJURY O							PERFO YES	RMED?
MEDICALC		MEDICAL EXAMINER) Y Month, Doy, You	ear 20d. I While of wor		20e. PLA foct	CE OF INJURY (Home ory, street, office bldg	e, form, 20f. (Ci g., etc.)	ity or town)		(County)		(Stote)
	21. I certify the alive an	at I attended the 12/2  Amola i  Donald L.	7 19	1	2 N	19.59, to accurred at 11.11	∞AM, fran	,	nd an th		e stated	d abave signed
	REMOVAL (Specify) Removal	Dec. 30,	of <b>1959</b>	22c. NAME OF CEMI		eral Home	Savar		gia		(Stot	'e)
23	John Burns	s SIGNATURE  Sons. To	wson.	ADDRESS Marvland			REC'D BY REGI	20	ISTRAR'S S		JRE	

death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL VS A15 (4) 15M 9/58

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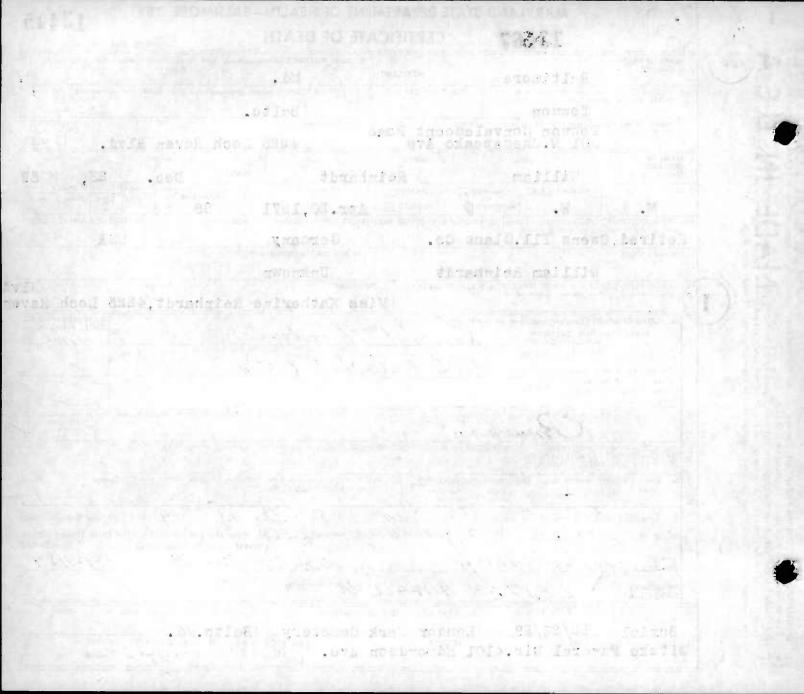
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( )	13467	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
PLACE OF DEAT	Н		2. USUAL RESIDENCE (Where do		n: Residence before admission)
0. COUNT	Baltimore	MARYLAND	Md.	b. COUNTY	
b. CITY OR TOV	VN (If outside corporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RU	RAL and give nearest town)
	Towson		Balto		3 VO1-4
d. NAME OF HO	ON TOWSON Con	valescent Home	d. STREET ADDRESS		e. IS RESIDEN ON A FAR
	301 W.Ches	apeake Ave		Loch Raven	
NAME OF DECEASED	First	Middle	Last 4. D	OATE Month	n Day Year
(Type or print)	William		hardt	Dec Dec	
SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		Months Doys Hours M
M.	11.0	DOWED DIVORCED	Apr. 20, 1871	88 yrs.	Months Doys Moors M
during most of	working life, even if refired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLÄCE (State ar for	reign country)	12. CITIZEN OF WHAT COUN
Retired	, Owens Ill.G	lass Co.	Germany		USA
. FATHER'S NAM			14. MOTHER'S MAIDEN NAME		
	William Re		Unknown		
WAS DECEASED	EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)		NFORMANT	Addre	
		M	iss Katherine	Reinhardt	,4225 Loch R
1B. CAUSE OF	DEATH [Enter anly one couse	per line for for for the and (c) 1			
		ber ime replayed, and let.	_//		ONSET AND DEA
	DEATH WAS CAUSED BY:	Kerebra!	Thromboses		ONSET AND DEA
	DEATH WAS CAUSED BY:	Kerebral	11/0/2	)	ONSET AND DEA
PART I. 422. Conditions,	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  if any, which ) (b)	Rerebral arterioscle	11/0/2	) Is	ONSET AND DEA
PART I.  422.  Conditions, gove rise	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	Kerebral	11/0/2		ONSET AND DEA
PART I.  422.  Conditions, gove rise cause (o), sto lying cause	DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   DUE TO  if any, which o immediate ting the under DUE TO	Kerebral	11/0/2		ONSET AND DEA
PART I.  422.  Conditions, gove rise cause (o), sto lying cause	DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)  DUE TO  if any, which o immediate ting the under-ast. (c)	Kerebral	neya C.V. D.	is	ONSET AND DEA
PART II.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  if any, which to immediate thing the under ast.  OTHER SIGNAPICANT CONDITION  THERE AND THE	Reschraf arteriorde	neya C.V. D.	is	ONSET AND DEA
PART II.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  if any, which to immediate thing the under ast.  OTHER SIGNAPICANT CONDITION  THERE AND THE	Contributing to DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVE	ONSET AND DEA
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PART I.  44 2 2.  Conditions, gove rise cause (o), sto lying cause II.  PART II.  20a. ACCIDEN OR CONTRIBU (IF EITHER, NO	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  if any, which o immediate ting the under ast.  OTHER SIGNAPICANI CONDITION  TWAS UNDERLYING (C)  TWAS UNDERLYING (C)  TING (CAUSE OF DEATH TIFFY MEDICAL EXAMINER)  NJURY Month, Doy, Year 2	CONTRIBUTING TO DEATH BUT  2007/4  DESCRIBE HOW INJURY OCCURRE  2001. INJURY OCCURRED 200. PL	NOT RELATED TO THE TERMINAL E	DISEASE CONDITION GIVE or Port II of item 18.)	ONSET AND DEA
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PART II.  Conditions, gove rise cause (o), sto lying cause  PART II.  20a. ACCIDEN OR CONTRIBU (IF EITHER, NC)  20c. TIME OF II Hour o P  21. I certify alive an	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  if any, which o immediate ting the under- ast.  OTHER SIGNAPICANT CONDITION  TWAS UNDERLYING [1]  TING [1] CAUSE OF DEATH  TIFY MEDICAL EXAMINER)  JURY Month, Doy, Year 2  m. 19  y that I attended the decent in the cause of the	CONTRIBUTING TO DEATH BUT  CONSCINED HOW INJURY OCCURRE  ROD. INJURY OCCURRED For the work of the work	NOT RELATED TO THE TERMINAL D. (Enter noture of injury in Part I  ACE OF INJURY (Hame, form, 20 ctory, street, office bidg., etc.)  1952, ta	or Port II of item 18.)  f. (City or town)  194, the causes and	ONSET AND DEA  ONSET AND DEA  IN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO  (County) (S  hat I last saw the deced on the date stated ab tote) DATE SIG
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PART II.  Conditions, gove rise cause (o), sto lying cause (o) to lying cause (or contribution of contribution	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  if any, which o immediate or immediate or immediate or immediate or immediate.  OTHER SIGNAPICANT CONDITION OF THE CAUSE OF DEATH TIFFY MEDICAL EXAMINER)  NJURY Month, Doy, Year 2 m. 19 0	Contributing to DEATH BUT  CONTRIBUTING TO DEATH	NOT RELATED TO THE TERMINAL D. (Enter noture of injury in Part I  ACE OF INJURY (Hame, farm, 20 ctory, streel, office bldg., etc.)  1952, ta 26  accurred at 2:55 M, 4  ADDR  M.D. 1039  R CREMATORY  22d.	or Port II of item 18.)  f. (City or town)  7. 19-9, the fram the causes and the causes are caused to the cause of the cause	ONSET AND DEA  ONSET AND DEA  IN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO  (County) (S  hat I last saw the deced on the date stated ab tote) DATE SIG

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Day

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (State)

DATE SIGNED

(State)

YES TO NO

Year

1959

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CERTIFICATE OF DEATH 13469 Reg. Dist. No director Poge 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown) RURAL and give nearest town) shauld d. NAMÉ OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO and 2 NAME OF First Middle DATE Last Month Day Year filled DECEASED OF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days WIDOWED A DIVORCED [ papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Department Store puo carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 40 certificate remove QUES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT war ar dates of service) ottending Yes eose within CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN a ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO ģ permit. any Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stating the underlying couse lost. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) Year (County) (State) Haur a. fi. factory, street, office bldg., etc.) While Not while 19 p. m. of work at work 21. I certify that I attended the deceased from 2 that I lost saw the deceased and that death accurred at 7.50 M, from the causes and on the date stoted obove. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) may be re FUNERA page 3 sh 220. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Buria. Western Cemetery Baltimore. Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Orthur S. Krans

DATE EC 8

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO.

> > (State)

DATE SIGNED

(State)

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YES NO#

Year

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NAME (Type) 22b. DATE THEREO! 22a. BURIAL, CREMATION. CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEDEC 2 9 '59

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13471

### **CERTIFICATE OF DEATH**

13449

and a	DIST				Reg. Dist. N	10.
1. PLACE OF DEATH o. COUNTY  Bal	ltimore	MARYLAND	2. USUAL RESIDENCE (W	There deceased lived. If i	institution: Residence be DUNTY	efore admission)
b. CITY OR TOWN (If outside RURAL and give nearest tow Wooden	vn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits,	write RURAL ond give r	nearest town)
d. NAME OF HOSPITAL (IF no OR INSTITUTION		oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Rebecca	Middle ₩ •	Rhoten	4. DATE OF DEATH		Day Yeor 19 19 59
	OR OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 19,1923	9. AGE (In 36st birt	years Haday) Honths Doy:	AR IF UNDER 24 HRS s Hours Min.
10o. USUAL OCCUPATION (Give during most of working life, Housewife	kind of wark done 10b even if retired)	. KIND OF BUSINESS OR INDU		e or foreign country) e County		OF WHAT COUNTRY
13. FATHER'S NAME Ernes	st E. Wood	en	Lois Be			
15. WAS DECEASED EVER IN U. S {Yes, no. or unknown} (If yes, give	S. ARMED FORCES? 16 wor or dates of service)	!!	nFORMANT rgil T. Rhot	en, Wooden	Address sburg, Md	
18. CAUSE OF DEATH [Ent PART I. DEATH WAS IMMEDI		ine for (o), (b), and (c).]	melan	oma	0	NTERVAL BETWEEN NSET AND DEATH
Conditions, if ony, which gove rise to immedia couse (a), stating the underlying couse last.	te Dur To			214		
CATIC	IIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Part II of item	18.)	
20c. TIME OF INJURY Month Haur a. m. p. m.	While		ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f. (City or town)	(Count	ty) (Stote
21. I certify that I at alive an Alec 19  ACTUAL SIGNATURE LUCENCE	tended the decea	19	n accurred at 15/0 1	/ /		
(1)[1]	nce E. McW			stown, Md/	0 /	
_REMOVAL (Specify)	DATE THEREOF 2-22-59	Woodensburg		22d. LOCATION (City, Woodensb	urg, Mary	(Stote) Land
23. FUNERAL DIRECTOR'S SIGNA		ADDRESS	Di	C 2 2 '59	arthur S. Kus	

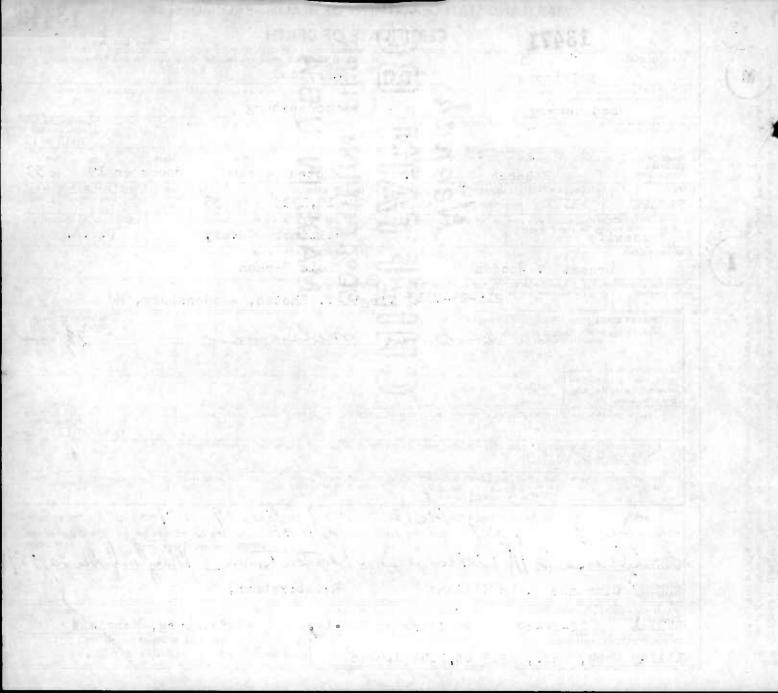
may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond campletely filled in by the fun page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after deoth.

.TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hot

r death. Page 4 the funeral director, P

TO HOSPITAL VS A15 (4) 15M 9/5B



er death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITAL

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13472 CERTIFICATE OF DEATH

13472

13450 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Baltinou MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. SPATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b	c. CITY OF TOWN (If outside carporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 20 East Burke awe.	d. STREET ADDRESS 20 East Burke ave.   on A FARM? YES \( \) NO P
3. NAME OF DECEASED (Type or print) Mary First E. Middle	Losi  4. DATE OF DEATH December 20 1959
5. SEN   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED      Herab   WIDOWED   DIVORCED	B. DATE OF BIRTH  Dec. /6 1898  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)  MGNAS CR  LIDAL VAN 111	STRY 11. BIRTHPLACE (Stole or foreign country)  BRARROWS TH. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S WAME  GEORGE ME MANN	NONA MC CLEARY
(Yes, no. or unknown)   {If yes, give war or dates of service  16-40 11759	NFORMANT Address #
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	of overy (right) INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stoting the under-lying cause lost.	
ICATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18.)
	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that I attended the deceased from 6/15 alive an 1959, and that death  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type Character Grant Gra	n occurred at 1143 P.M. fram the causes and on the date stated above.  ADDRESS (Street, city ar town, stote)  DATE SIGNED  M.D. 8523 Foch Rown Street  M.D. 8523 Foch Rown Street
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d, LOCATION (Gity, town, or county) (Stote)  E  P  M  M  M  M  M  M  M  M  M  M  M  M
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS John C. Millwinc 2431 E. Oly	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE EC 2 4 '59  Output & Frank
	CARAMIT & THOMA

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4	-	write RURAL and	if outside corporate l give nearest town)	imits,	c. LENGTH OF STAY IN 16	c. CITY	OR TOWN (	If outside co	rporate li	mits, write	RURAL	and give	nearest town)
-			icott City		spitel, give street address)		Okont	on			8 3	X	3
1				A (11 not 10 no	spiter, give street address)	G. SIKE	ET ADDRESS						a. IS RESIDENCE
77	3.	NAME OF	la Ave.	rst	Middle	Los	st .	4. DATE		Month	2	Dev	YES NO
		Type or print)	ROS	SCOE			LEMAN	OF DEAT		Decem		9,	1959
-	5.	SEX			ED XXNEVER MARRIED	8. DATE OF BI			9. AGE	(In years	IF UNDE		
		Male	White	WIDOW		ABOUT	KKKK	1919	40?	yrs.	Months	Days	Hours Min.
ŀ	10a dos	USUAL OCCUPAT	ON (Give kind of working life, even if ret	ork 10b. I	KIND OF BUSINESS OR INDUS						12. 0	ITIZEN C	F WHAT COUNTR
rial, cremation, or removal, and in any event within 72 hours after death.		Carpe			en. Constructio		Hardy		7 W.	Va.			
1	13.	FATHER'S NAME				14. MOTHE	R'S MAIDEN	NAME			915		
ŀ			Robe	ert Rig	gleman		?			Smit			
	15. (Ye:	, no, or unkown) (I	FR IN U.S. ARMED F	ORCES? 16. ofservice)	SOCIAL SECURITY NO. 17.					Address			
27		yes	W. #2		unknown Mr line for (e), (b), end (c).]	. Dayto	n Cook	, Hear	endor	n, Rt	. #2		a.
ı			H WAS CAUSED BY	A									TERVAL BETWEEN
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41	- 1	9.11 8	DUE T	o guns	snot wound or .	lead							
ı		Conditions if any	which >										
		Conditions, if any	iete cause	(b)				F Hank					
			inderlying DUE 1	0									
	NO	geve rise to immed (a), stating the u cause lest.	iete cause inderlying DUE 1	(c)	NTRIBUTING TO DEATH BUT N		O THE TERMI	NAL DISEAS	E CONDIT	TION GIV	'EN IN PA	RT 1(e)   1	
	CATION	gave rise to immed (a), stating the u cause lest.  PART II. OTHER	R SIGNIFICANT CON	(c)	NTRIBUTING TO DEATH BUT N	OT RELATED TO					'EN IN PA		19. WAS AUTOPS PERFORMED? YES NO TO
	ERTIFICATION	gave rise to immed (a), stating the u cause lest.  PART II. OTHER	R SIGNIFICANT CON	(c) ODITIONS COL	NTRIBUTING TO DEATH BUT N	OT RELATED TO					'EN IN PA		PERFORMED?
1	AL CERTIFICATION	geve rise to immed (a), stating the u cause lest.  PART II. OTHER  20e. EXTERNAL C. PRIMARY Or CC CAUSE OF DEATH.	DUE 1  R SIGNIFICANT CON  AUSE WAS  DNTRIBUTING	20b. DESCI	NTRIBUTING TO DEATH BUT N RIBE HOW INJURY OCCURED. Self in head	OT RELATED TO	finjury in Par	t I or Part II	of item 18	3.)			PERFORMED? YES NO
		gave rise to immed (a), stating the u cause lest.  PART II. OTHER	DUE 1  R SIGNIFICANT CON  AUSE WAS  ONTRIBUTING   JRY Month, Dey,	20b. DESCI Shot	RIBE HOW INJURY OCCURED.  Self in head  INJURY OCCURED 200. PI	(Enter nature of	injury in Par Y (Home, fern	n, 20f. (C	of item 18	3.) (n)	(Cc	ounty)	YES NO (Stote)
1	MEDICAL CERTIFICATION	part iii. OTHER  20e. EXTERNAL C. PRIMARY P or CC CAUSE OF DEATH.  20c. TIME OF INJL. Hour XX.	iete cause Inderlying DUE 1  R SIGNIFICANT CON  AUSE WAS INTRIBUTING INTRIBUTI	20b. DESCE Shot  Yeer 20d. While at wo	RIBE HOW INJURY OCCURED.  Self in head  INJURY OCCURED 200. Pl  Not While  rk at work X	(Enter nature of  ACF OF INJUR  dory, street, offi	i injury in Par Y (Home, farn ica bldg., etc	n, 20f. (C.	of item 18 ity or tow 11ic	3.) (n)	(co	ounty)	PERFORMED? YES NO K  (Stote)  Lite. Md
1		geve rise to immed (a), steling the u cause lest.  PART II. OTHER  20e. EXTERNAL C. PRIMARY To or CC CAUSE OF DEATH.  20c. TIME OF INJU Hour XXC p.m.  21. I certify the	iete cause Inderlying DUE 1  R SIGNIFICANT CON  AUSE WAS DNTRIBUTING   JRY Month, Dey,  12/9 19  hat I took charge	20b. DESCE Shot Year 20d. Whill of wo	NTRIBUTING TO DEATH BUT N  RIBE HOW INJURY OCCURED.  Self in head  INJURY OCCURRED  The Not While of the strong at work at work at work.	(Enter nature of  ACE OF INJUR clory, street, off  Road eld an Auto	Y (Home, farnice bldg., etc	n, 20f. (C	of item 18 ity or tow llic	ott Inquir	City	ounty)	YES NO (Stote)
1		part iii. OTHER  20e. EXTERNAL C. PRIMARY P or CC CAUSE OF DEATH.  20c. TIME OF INJL. Hour XX.	iete cause Inderlying DUE 1  R SIGNIFICANT CON  AUSE WAS DNTRIBUTING   JRY Month, Dey,  12/9 19  hat I took charge	20b. DESCE Shot  Yeer 20d. While at wo	NTRIBUTING TO DEATH BUT N  RIBE HOW INJURY OCCURED.  Self in head  INJURY OCCURRED  The Not While of the strong at work at work at work.	(Enter nature of ACE OF INJUR dory, street, off Road eld an Auto cide X.	Y (Home, fernice bldg., etc	n, 20f. (C	of item 18 ity or tow llic x,	3.) (n)	City	ounty)	PERFORMED? YES NO K  (Stote)  Lite. Md
1		geve rise to immed (a), steling the u cause lest.  PART II. OTHER  20e. EXTERNAL C. PRIMARY To or CC CAUSE OF DEATH.  20c. TIME OF INJU Hour XXC p.m.  21. I certify the	iete cause Inderlying DUE 1  R SIGNIFICANT CON  AUSE WAS DNTRIBUTING   JRY Month, Dey,  12/9 19  hat I took charge	20b. DESCE Shot Year 20d. Whill of wo	NTRIBUTING TO DEATH BUT N  RIBE HOW INJURY OCCURED.  Self in head  INJURY OCCURRED 200. Pi for the strong s	(Enter nature of ACE OF INJURACE OF INJURA	Y (Home, farnica bldg., etc	n, 20f. (C	of item 18 ity or low llic n x ndetern	ott Inquir	City	ounty) 7 Ba	PERFORMED? YES NO (Stote)  (Stote)  Ilto Md in my opinion
1		peve rise to immed (a), stating the u cause lest.  PART II. OTHER  20e. EXTERNAL C. PRIMARY 12 or CC CAUSE OF DEATH.  20e. TIME OF INJU Hour XX 1. I certify the	iete cause Inderlying DUE 1  R SIGNIFICANT CON  AUSE WAS DNTRIBUTING   JRY Month, Dey,  12/9 19  hat I took charge	20b. DESCE Shot Year 20d. Whill of wo	NTRIBUTING TO DEATH BUT N  RIBE HOW INJURY OCCURED.  Self in head  INJURY OCCURRED 200. Pi for the strong s	(Enter nature of ACF OF INJURY dory, street, offi Road eld an Auto cide X, CHII	Y (Home, farmice bldg., etc.) Homicide EF MEDICAL	n, 20f. (C.) EInspection U	ity or town 18  lity or town lity or town n  , ndetern	ott Inquir	City	ounty) 7 Ba and	PERFORMED? YES NO (Stote)  (Stote)  I to Md in my opinion  PATE SIGNED
1		geve rise to immed (a), steling the u cause lest.  PART II. OTHER  20e. EXTERNAL C. PRIMARY 12 or CC CAUSE OF DEATH.  20e. TIME OF INJU Hour XX 1. I certify the	AUSE WAS DNTRIBUTING DIP 19 hat I took charge from: Natural	20b. DESCI Shot Year 20d. Whill of wo	NTRIBUTING TO DEATH BUT N  RIBE HOW INJURY OCCURED.  Self in head  INJURY OCCURRED 200. Pi for the strong s	(Enter nature of ACF OF INJUR dory, street, offi Road eld an Auto cide X, CHII ASS DEPI	Y (Home, fernice bldg., etc.) Homicide EF MEDICAL SISTANT MED	Inspection  EXAMINER  LEXAMINER	ity or town 18  lity or town  lity or town	ott Inquir	City	ounty) 7 Ba and	PERFORMED? YES NO (Stote)  (Stote)  Ilto Md in my opinion
	MEDICAL	geve rise to immed (a), steling the u cause lest.  PART II. OTHER  20e. EXTERNAL C. PRIMARY To r CC CAUSE OF DEATH.  20e. TIME OF INJU Hour XX 1. I certify the death resulted  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  BURIAL, CREMATIC	AUSE WAS DITTIBUTING DITTIBUTING DITTIBUTING DITTIBUTING DITTIBUTING DITTIBUTING DITTIBUTION DITTIBUTI	20b. DESCI Shot  Yeer 20d. While at wo of the rerectives Lovi	NTRIBUTING TO DEATH BUT N  RIBE HOW INJURY OCCURED.  Self in head  INJURY OCCURRED 200. Pl  be Not While for head above, leading to the second above, leading to	(Enter nature of ACE OF INJURY dory, street, offi Road eld an Auto cide X. CHII ASS DEPI	Y (Home, fernice bldg., etc.  DSX A,  Homicide  EF MEDICAL  SISTANT MED  UTY MEDICA  dress (Street,	Inspection  EXAMINER  LEXAMINER	ity or low lice    1   1   2	ott Inquir nined m	(conty)  Y   Department [	and	PERFORMED? YES NO (Stote)  (Stote)  I to Md in my opinion  PATE SIGNED
	WEDICAL WEDICAL	geve rise to immed (a), stating the u cause lest.  PART II. OTHER  20e. EXTERNAL C. PRIMARY P or CC CAUSE OF DEATH.  20c. TIME OF INJU- Hour XM. 4:30 p.m.  21. I certify the death resulted in the company of the compa	AUSE WAS DITTIBUTING DITTIBUTING DITTIBUTING DITTIBUTING DITTIBUTING DITTIBUTING DITTIBUTION DITTIBUTI	20b. DESCI Shot  Yeer 20d. While at wo of the rerectives Lovi	INTRIBUTING TO DEATH BUT N  RIBE HOW INJURY OCCURED.  Self in head  INJURY OCCURRED 200. Pl  The st work in the	(Enter nature of ACE OF INJUR dory, street, off Road eld an Auto cide X, CHII  M.D. ASS DEPI Add OR CREMATORY	Y (Home, fernice bldg., etc.  PDSY A.  Homicide  EF MEDICAL  SISTANT MED  UTY MEDICA  dress (Street,	Inspection  EXAMINER [ DICAL EXAMIL  L EXAMINER City, town, co  22d. LOCA	ity or low  llic    Xi   Messes   Xi   Xi   Xi   Xi   Xi   Xi   Xi   Xi	on) ott Inquir nined m	City y nanner [	ounty)  Ba and  1	(State)  PERFORMED? YES NO (State)  (State)
	WEDICAL WEDICAL	geve rise to immed (a), steling the u cause lest.  PART II. OTHER  20e. EXTERNAL C. PRIMARY To or CC CAUSE OF DEATH.  20e. TIME OF INJU Hour XX 1. I certify the death resulted of the company of the com	AUSE WAS DATRIBUTING DIP 19 hat I took charge from: Natural William V. DN, 22b. DATE THE	20b. DESCI Shot  Yeer 20d. While at wo of the rerectives Lovi	INTRIBUTING TO DEATH BUT N  RIBE HOW INJURY OCCURED.  Self in head  INJURY OCCURRED 200. Pl  fe Not While  rk at work   Accident   Accident   Jro, M.D.  22c. NAME OF CEMETERY O	(Enter nature of ACE OF INJUR ACTOR, street, off Road eld an Auto cide X, CHII  M.D. ASS DEPI Add OR CREMATORY	Y (Home, fernice bldg., etc.  PDSY A Homicide  EF MEDICAL  SISTANT MED  UTY MEDICA  dress (Street,	Inspection  EXAMINER  City, town, co  22d. LOCA  Rig	ity or low  llic  n x  ndetern  iNER x  ATION (C	ott Inquir mined m	City y nanner [	and  Indicate the state of the	(State)  PERFORMED? YES NO E  (State)  Alto Md in my opinion  PATE SIGNED 2/10/59  (State)

The Control of the Annual State of the State 13 TOT CICL THE DOGA - Dichord Williams Coalle Terrorman - terror yes we will be a common the control of the service of the control ALERS TO THE PROPERTY OF THE P

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

RELEA	SED,	LAND S	CERTIFIC	ATE OF E			IMORE,		-	3452
1. PLACE OF DEATH	1347	4		I o usual preu	DENICE WAY	1000041	to a de tractica	Reg. Dist. N		
o. COUNTY			MARYLAND	o. STATE		ere deceased	b. COUNTY	ion: Residence b	etore admiss	Jian)
Baltin	IOPE (If outside corporate lim	ite meite .			yland	h.*.d		imore		- \
RURAL ond give r	nearest town)	ilis, wille	LENGTH OF STAY IN 16	1		utside corporo	te limits, write i	RURAL ond give	nearest law	''
Oella				X Oell						
or institution 102 (e)		give street ad	dress)	d. STREET A	Oell	a Ave	1			FARM?
3. NAME OF	Fi	rst	Middle	Las	ıt	4. DATE	Moi	nth *	Day	Yeor
(Type or print)	MINNTE	RILEY				OF DEATH	De	c. 21.19	50	19
S. SEX			NEVER MARRIED	8. DATE OF BIRT	H '	9	. AGE (In years	IF UNDER 1 YE	AR IF UND	ER 24 HRS.
Famala	White	WIDOWED		7-19-1	ggo	3-14	70 yrs.	Months Day	s Hours	Min.
10o. USUAL OCCUPATI	ON (Give kind of work	done 10b. KI	ND OF BUSINESS OR IND			or foreign cou		12. CITIZEN	OF WHAT C	OUNTRY?
	rking life, even if retired	4)	Mana	77.5						
At Home			None	14. MOTHER'S	ginia MAIDEN N	IAME	-			-
	les Back				350	ma al				
1S. WAS DECEASED EV		PCESO 14 SC	CIAL SECURITY NO.	INFORMANT	Mar	y Back		lress .		
(Yes, no, or unknown)	(If yes, give war or dates of	service)			0					
		No		rs.Walter	Greei	i, caror	ISATTTE			
PART I. DE.	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (	1	CUTE	PULMO	NAR.	Y &	MEM	0. 0	NTERVAL BE INSET AND	
1 903.0	DUE TO					NIL	7		541	SYUC
Canditions, if		6)	RAETUR	EDL	FFT	141	(		, ,,,	
gave rise to couse (a), stating						_		1000	2 .	TOL
lying couse last.		0 H4PS	ertensive I	ARTER 109	CLE R	STE E	AKDICA	H 520 CM	\ Y	(NOW)
Z PART II. OT	HER SIGNIFICANT CON	NDITIONS CO	NTRIBUTING TO DEATH BU	JT NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GI	VEN IN PART 1(o	19. WAS	AUTOPSY
\$ 7	SEAIC	TE3	5, OBE	SITY						ORMED?
PART II. OT  VILLE OF THE PROPERTY OF THE PROP	AS UNDERLYING [] G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCUR	RED. (Enter noture of	of injury in P	Port I or Port I	of item 18.)	TONF	FELL	-
20c. TIME OF INJU	RY Month, Day, Ye	ear 20d. INJ	URY OCCURRED 20e. I	PLACE OF INJURY ( factory, street, office	e bldg., etc.	1.1	ELLA,	BALTE		(State)
	hat I oftended the		from. 12-21					thot I last s		
/	7	1	-			A CONTRACTOR OF THE PARTY OF TH	et, city or town	, stote)	DA	TE SIGNED
ACTUAL SIGNATURE	eter V.	Thor	fr.	_M.D	D LUV	4814	ROAT	) \7	-22	-59
PHYSICIAN'S NAME (Type)	YETER	V.	THORPE,	MD E	LLLE	770	CIT	4, 1	19.	
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THERE	OF	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATIO	ON (City, town,	or county)	(Sta	te)
Burial	12-24-	59	Good She	pherd		Ell	Licott (	ity.Md		
23. FUNERAL DIRECTOR			ADDRESS		240. REC*	BY REGISTR		ISTRAR'S SIGNA	TURE	
F.C. Higinb	othom, Elli	cott C	itv.Md		DATEDE	C 2 8 '59	a	Thun S. Kr	attack.	

VS A1S (4) 1SM 9/S8

HTART ROLETA OFFICE ST See All See All See routifel Engine PALL LAR Tox colla Ave To a capturer of the state of t almierii cooy encil fa Soul Print Soul sales Manufactor Group Cotton and The real arms in the second se  Total and the residual total and the second of the second ..... broking the control of the con Trible beneves . Cl. . August Eur Halva exposit . ni Tal . Sill . - 20-201 WELL COLLEGE VALUE COLLEGE SENSE

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13454

	13476	CERTIFICA	AIE OF DEATH		Reg. Dist. No	<b>.</b>
PLACE OF DEATH  o. COUNTY  Ba 1+	imore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If institu b. COUN		ore admission)
b. CITY OR TOWN (If o	outside corporate limits, write	c. LENGTH OF STAY IN 16		utside corporate limits, write	RURAL and give ne	earest town)
RURAL ond give neor	onsville	6 Months	Baltimore	3 V	01-4	
d. NAME OF HOSPITAL	. (If not in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	se in the Pine:	8	1518 Bolto			YES NO
NAME OF DECEASED (Type or print)	First GEORGE	Middle NELSON ROGER	Last	OF .	ember 2.	Yeor 19 59
SEX 6	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yea	IF UNDER TYEA	
Male	White widow	ED DIVORCED	July 22, 1877	lost birthdoy	Months Days	Hours Min.
a. USUAL OCCUPATION	(Give kind of work done 10b.	KIND OF BUSINESS OR INDU		D6		OF WHAT COUNT
during most of working	g life, even if retired)		35			
Advertis	ing	Radio	Marylar			
. I AINEK 3 INAME			14. MOTHER 3 MAIDEN IN	AME		
William	F. Rogers, Sr		Emma Ho			
(es. no. or unknown) [ (if	N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	A	ddress	
No		M	rs. Marion D.	Rogers 1518	Bolton S	treet
18. CAUSE OF DEATH	f [Enter only one couse per li		0		IN'	TERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:	12 ans engil	Carkens .	msell	OV	SET AND DEATH
420.1	MMEDIATE CAUSE (0)	concerno,	4	- 10		-sac
7	DUE TO	A. Com a H	1 Para D.	· Palan	20 161	1 days 12
Conditions, if ony gove rise to imm		a carage	concerns is	wy see	erus 1	VICUR
couse (o), stating the lying cause lost.		Serile				
	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION C	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY MI	CAUSE OF DEATH!	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort 1 or Port 11 of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. I. While of wor	Not while fa	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County	) (State
21. I certify that	t I attended the deceas	ed from Inly ()	199 , ta	ze, 2 195	Z,that I last s	aw the deceas
alive an Dee	. 2 10	war Vi	accurred at	7		
dive dil 25		, and mar deam		LDDRESS (Street, city or tow		DATE SIG
ACTUAL BOOK	enard J Co	oho!	M.D			
	Bernard J.	Cohen	Marylande	er Apts.	١	
REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town	n, or county)	(State)
Cremetion	Dec. 4.1959	Green Mour	t-	Beltimore	a Marylor	5
. FUNERAL DIRECTOR'S		ADDRESS		BY REGISTRAR 246. RE	GISTRAR'S SIGNATU	JRE
		nc. 1900 Enter	UE		Irihus S. Kry	MA

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours priver death. Page 4 may be retain by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours ofter death. VS A15 (4) 15M 10/57

STATE OF SHOWING THE CONTRACT OF STATE HIASO RO STADELISSO 1 and recording to the Webst words in a Assemble AND A COURSE BEING ME TO A SELECTION OF THE AND THE PROPERTY OF THE PARTY OF THE PAR THE TAX STATE OF THE PARTY OF T to the little of the state of t

# please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM2. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages\1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event mathin 72 hours after death. necessary, DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any del

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TO DEPUTY

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

EPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13455 Division of STATISTICAL RESEARCH AND RECORDS, 13 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH     COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)
	Baltimore MARYLAND	a. STATE Maryland b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Parkville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat eddrass)	Baltimore 3 V 0 1 - 4
		ON A FARM?
=	Ashford and Harwood  3. NAME OF First Middle	902 N. Central Avenue YES NO X
	DECEASED	OF .
-	WARTEN	RODDING December 21, 17 )/
	7. MAKRIED   NEVER MAKKIED	D. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Ist birthdey)   Months   Days   Hours   Min.
-	Male   Colored   WIDOWED   DIVORCED	2/14/1/02/37vrs.
	dona during most of working lifa, evan if retirad)	11. BIRTHE ACE (State or foreign country)
-	Laborer Construction	Jul Co., 11.6.
	3. FATHER'S MAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER N U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	Figure Moore
	Yes, no, or unkown)   (If yes giva war or datas of service)	WFORMANT 1204 Calonial
122	230014248	lle Udams greenville, n.C.
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (*) Arteriosclerosis	
	420.1 XXXX	
	Conditions, if eny, which gave rise to immediate cause	ncy
	(a), stating the undarlying DUE TO	
	cause last, (c)	TOTAL TO THE TENUNIAL DISCLASS COMPANION OF THE TEN
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
-		YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY  Or CONTRIBUTING  CAUSE OF DEATH  CAUSE OF DEATH	Entar nature of Injury in Pert I or Part II of item 18.)
- 1		CE OF INJURY (Homa, farm, † 20f. (City or town) (County) (Stata)
	Hour a.m. WhileNot While fact	CC OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) lory, street, office bldg., etc.)
1		
	21. I certify that I took charge of the remains described above, he	
	death resulted from: Natural causes X. Accident . Suic	
	ACTUAL //////	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINE
	SIGNATURE WILL OFFICE	M.D.
-	EXAMINER'S William V. Lovitt, Jr., M.D.	DEPUTY MEDICAL EXAMINER 12/18/59
1	2a. BURIAL, CREMATION, 22b. DATE, THEREOF/ 22c. NAME OF CEMETERY OF	Addrass (Streat, city, town, or county)  R CREMATORY 22d, LOCATION (City, town, or country) (Stata)
	Removal (Specify) 12/19/59 Brawn	Will Heengille no
-	23. FUNERALDIRECTOR A ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
1	Wington S. Thellips 18087	Moure DEC 21 '59 arthur S. Kraug
K	and the contract of the contra	A DAILE

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campier	papers.
DUO U	frer death.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

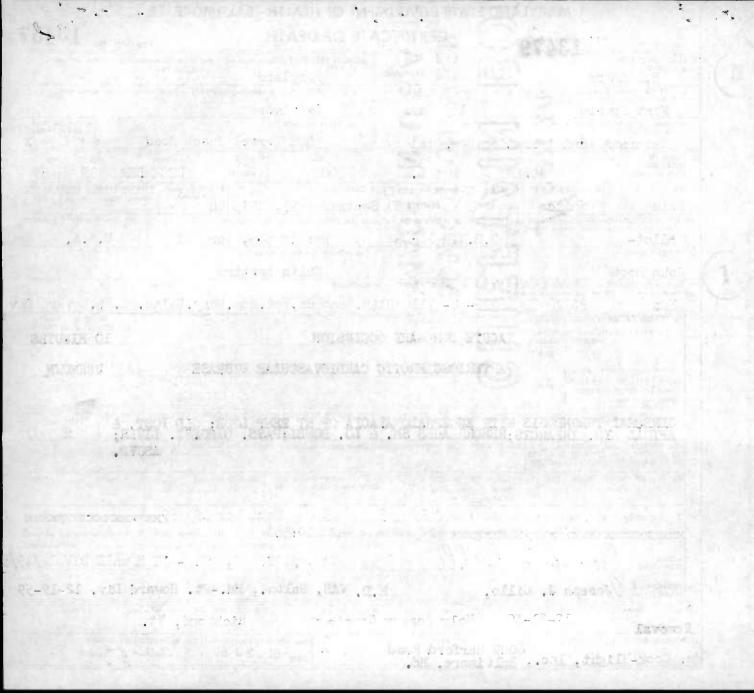
**CERTIFICATE OF DEATH** 

13456

3.0			•	togi billi, ito.
1. PLACE OF DEATH o. COUNTY  Baltimore Cou	m+ w MARYLAND	a. STATE	deceased lived. If institutions b. COUNTY	
b. CITY OR TOWN (If outside carporate limits, we RURAL and give nearest tawn)			ide carporate limits, write RUR	AL and give nearest town)
Parkville  d. NAME OF HOSPITAL (If not in hospital, give st OSPINSTITUTION 2913 Edgewood Avenue	reet address)	A Parkville  d. STREET ADDRESS  2913 Edgewood	d Avenue	IS RESIDENCE     ON A FARM?     YES \( \text{NO } \) NO \( \text{A} \)
3. NAME OF First	Middle	Lost 4	. DATE Month	Day Year
DECEASED (Type or print) Mary	Jane Rom		OF DEATH Dece	mber 6th.,1959
Remole White		B. DATE OF BIRTH Dec 16th., 1886	3 4 4 4 4 4 4	FUNDER 1 YEAR IF UNDER 24 HRS. Woodhs Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) HOUSEWITE	Own Home	Baltimore,		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
John G. Schaffer		Anna Davids	n	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or doles of service) None		rs.Bernard Far	Address ace-2913 Edgew	
332 X DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.  (b)  DUE TO  DUE TO	arteriosa age +	brosis De	nevalized history.	3 40
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  Ulf EITHER, NOTIFY MEDICAL EXAMINER)	itely severe	internal Ken	1 de de la companya de la	eding YES NO
	DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in Par	1 1 or Part II af item 18.)	
Hour a.m.		ACE OF INJURY (Home, farm, lary, street, effice bldg., etc.)	20f. (City ar tawn)	(Caunty) (Stole)
21. I certify that I attended the decalive on	reased from <u>LUG</u>	/ / / /	M, from the causes and	that I last saw the decease d on the date stated above
ACTUAL SIGNATURE Trank !!	Kasik .	M.D. 9005	HARFO	RORA, 1248)
PHYSICIAN'S FRANK	T. KASIK J	R. BALT	0 14 N	Nd. /1,
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 12-9-1959	22c. NAME OF CEMETERY O Holy Redeeme		ed. LOCATION (City, town, or Belair Rd. Bal	
23 FUNERAL DIRECTOR'S SIGNATURE GOORGE J. Ruth, Inc1 735	ADDRESS Harford Avenue,	Balto: Md Bare DEC	RY REGISTRAR 24b. REGISTR	RAR'S SIGNATURE

	OFRISE		Eve. Out. But
A THE REAL PROPERTY.			
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12.12.18	ACTION OF THE PARTY OF T	The state of the s	
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THE RESERVE	Jens Bon	SME N. AND	doel as assessed
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10.11	email	Claimoental partito, so	ONTHURN DECYMONES
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			Barrier Strain

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 134 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13458

Reg. Dist. No.

1.													
.)		LACE OF DEATH					2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY						
A.		Ba	Ltimore Co.		MARYLA	AND	Maryland Baltimore Co.						
	b	. CITY OR TOWN (If and give nearest lown)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	116							n}
			iver (Zone	20)			54Middle Ri	ver (Z	one 20)				
	d				oital, give street address)		d. STREET ADDRESS					e. IS RES	FARM?
		3 B West	way North				3 B Westw	ay Nor	th				NO M
		NAME OF DECEASED	Firs	t	Middle		Last	4. DATE	Monti	h	Doy	Ye	or
		Type or print)		ert	Luther		Rose	DEATH	Dece	mber	1	19	59
	5. S	EX .	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	□ B.			9. AGE (In years last birthday)	Months		IF UNDE	Min.
		Male	White	WIDOWED	DIVORCED [		April 26, 1	932	27 yrs.	Monins	Days	Hours	MIR.
	10a.	USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	ione 10b. K	IND OF BUSINESS OR IN	IDUSTR	RY 11. BIRTHPLACE (Stote	or foreign co	untry)	12. CI1	FIZEN OF	WHAT C	OUNTRY?
		Tech. Eng.		Ma	rtin Company	v	Virginia				U.S.	Α.	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
		Virgil /	A. Rose				Marie Dave	noort					
-	15.		R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. IN	FORMANT		Address				
1	Z	No	No		27-42-4622	(	Geneva Rose	S	ame				
		18. CAUSE OF DEAT	H [Enler only one cau	se per line f	a design of property		1 0	4	50		INTER	VAL BETWEE	N H
		PART 1. DEAT	H WAS CAUSED BY:	(5U	N Shol	Wo	und= VS	CAL.	PISHI				
		976 X	DUE TO	0	-		6		4			A.	
		Conditions, if or		RI	7111 le	2/2	phe = PA	HLITT	n L)				
		gave rise to immed (a), stating the u	iote couse				1						
		couse lost.	(c).										
	3	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 15	WAS A	UTOPSY
0	CERTIFICATION										Y	PERFOR	NO D
	E	200. EXTERNAL CAU	SE WAS	b. DESCRIBE	and the contract of the contra		nter nature of injury in Por	L or Part II	of item 18.)				
		CAUSE OF DEATH.		Sho	1 Seft		n Rt. 14	cmp.	Le				
	MEDICAL	20c. TIME OF INJUR	Y Month, Dax Yea	r 20d. If While		- PLAC	E OF INJURY (Home, form	20f. (City	or town)	(Co	ounty)	. 4	(Stote)
	MED	Hour o.m. p.m.	10 mm, /19	of war			141me	MIG	dhe Ku	12K-7	W Oct	40.	Med
		21. I certify th	at I took charge	of the r	emains described	apor	ve, held on Autops	y 🔲 , In	spection [],	Inqui	ry 🖸	and	in my
		opinion death	resulted from: 1	Notural c	ouses [], Accide	ent [	], Suicide [], I	Homicide	. Undete	rmined	monne	r	
		, n	nas									DATE SI	CNIED
_		SIGNATURE_	0100	avi	7		M.D. CHIEF MEDICAL EX	AMINER [			1 ,	DAIL 31.	
2		EXAMINER'S	1 6 00	100	10.		ASSISTANT MEDIC			17/	1/2	ra -	
		NAME (Type)	1,9°04	0/3	m 0		DEPUTY MEDICAL	EXAMINER	1/		119	1	
	220	BURIAL, CREMATIO	226. DATE THEREO	F	12c. NAME OF CEMETER	YOR!	CREMATORY	22d. LOCAT	ION (City, John,	or county)		(Stole)	11.
	4	EFMORK	12-3-1	957 3	Millare 1	1/a	me puncture	Tu	envu	V (00	0	W. (	12
	23.	FUNERAL DIRECTOR	S SIGNATURE Su	es sign	ADDRESS		240. RED	ECY SEGISTI		rthua			
	1	James J.	Broldzinsk	1071	107 Eastern	AVE	DATE				. , 0000		

TO DEPUTY MONICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the ficate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO Funeral DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57

TABLE OF TAXABLE PROPERTY OF THE PROPERTY OF T

TO HOSPITAL

VS A15 (4) 15M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1333 CERTIFICATE OF DEATH R

13333

13459 Reg. Dist. No

1. PLACE OF DEAT	Baltimore		MARYLAND	o. STATE	arylan	deceased lived	If institution. COUNTY			sion)
RURAL ond g	NN (If outside corporate lim ive negrest town) undalk	its, write c. LEN	GTH OF STAY IN 16	prompts -	own (if outs undalk	ide corporote lir	nits, write R	URAL and give	e nearest tow	n)
d. NAME OF H	OSPITAL (If not in hospital, son II Patap)			d. STREET A		psco Ave	e.		ON	SIDENCE A FARM? NO K
3. NAME OF DECEASED (Type or print)	IRENE		Middle MARY	ROSEL	4	DATE OF DEATH		ber 2,	Doy	Year 19 59
5. SEX Female	6. COLOR OR RACE White	WIDOWED [	DIVORCED [	B. DATE OF BIRTH	r 12,	1909 56	(py/hdoy)	Months Do	EAR IF UND	ER 24 HRS. Min.
At hom			F BUSINESS OR IND	Mar 14. MOTHER'S	WAIDEN NAM		ar.		S.A.	T COUNTRY?
P	DEVER IN U. S. ARMED FOI (If yes, give wer or dates of	RCES? 16. SOCIAL		INFORMANT eter M. R			Add		2	
PART I	F DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO if ony, which to immediate bring the under-lost.	, Con	Musin	Oce Card	LUS,	ASCUL	a,	Sie	INTERVAL BOONSET AND	
I CATI	OTHER SIGNIFICANT CON IT WAS UNDERLYING  ITING CAUSE OF DEATH OTHER MEDICAL EXAMINER)	IDITIONS <u>CONTRIB</u>	1	YED TENTER NOTURE OF				EN IN PART 1	PERF	AUTOPSY ORMED?
Hour o	NJURY Month, Day, Ye o. m. o. m. 19	While No	occurred 20e. 1	PLACE OF INJURY (Foctory, street, office	lome, form, bldg., etc.)	20f. (City or tav	vn)	(Cou	inty)	(Stote)
alive on  ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)	y that I attended the NOV. YO M.B. D	1989. Avis	, and that deal	MO 6800	o Mi	M, from the DRESS (Street, c	causes bity or town, 6tm	nd.	date stat	ed above ATE SIGNED
Buriel	AATION, 226. DATE THEREGE (CITY) 12/5/59 CTOR'S SIGNATURE	Sa	cred Heart		7	Dunda  BY REGISTRAR	lk, M		(Sto	te)
Ullrich	Funeral Home			22.	DATINGO			SIKAK S SIGN		

		GERTIFICATE		
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Maria de la compansión de	II. Ideal II Pathypeo Ay			
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	Service Services	¥ .		WINDS THE STATE
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		\$ <del>-</del>		

13/60

PERFORMED?

(County)

YES NO KIN

(State)

	13481	CERTIFICA	ATE OF DEAT	rH		Reg. Dist. No	70401)	
V	PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (	Where deceased	l lived. If institutions b. COUNTY	Residence before Baltin		
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Fort Howard	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		rate limits, write RUR	AL and give ne	arest tawn)	
	d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION Veterans Administrati	et address)	d. STREET ADDRESS		Road		e. IS RESIDENCE ON A FARM? YES NO	
3	NAME OF First DECEASED (Type or print) VICTOR	Middle (NMI)	Lost RYBACKI	4. DATE OF DEATH	Manth DECEMBE	_	Year 19 59	9
5	20 0 0 0 0 0	ARRIED NEVER MARRIED DIVORCED D	8. DATE OF BIRTH 7/21/91			Manths Days	R IF UNDER 24 HR Haurs Min.	-

10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during mast af warking life, even if retired) U.S.A. Construction Poland Cement Finisher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sophia (unknown) Walter Rybacki

Yes Clin. Records, Vets. Adm. Hosp. Balto, Md. Ft. Howard Div INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY PNEUMONITIS IMMEDIATE CAUSE (a) DUE TO 1 MONTH CVA Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the under-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19.

INFORMANT

ARTERIOSCLEROTIC HEART DISEASE

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

CERTIFIC (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, Year 20d. INJURY OCCURRED 20f. (City ar town)

16. SOCIAL SECURITY NO

factory, street, affice bldg., etc. Haur a. m. While Nat while 21. I certify that/I attended the deceased from November 16, 19 59, to December 10, 1959, two December 10, 1959, t

DESCRIPTION and that death accurred at 2:115PM, from the causes and an the date stated above. DATE SIGNED

PHYSICIAN'S NAME (Type) LAWRENCE J. MAZZEI. M.D. VAH.BALTO.MD.FORT HOWARD DIVISION 12/10 22b. DATE THEREOF 22a. BURIAL CREMATION.

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) (State) REMOVAL (Specify) Holv Rosary Cemetery 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR

Michael Sadowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

lying cause last

1808 Eastern Avenue Baltimore, Maryland

DATE EC 1 4 '59

arthur S. Kraus

Address

VS A15 (4) 15M 9/58

ENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours After this certificate has been signed removol, page 3 should be detached TO FUNERAL DIRECTOR: the registror prior

filed

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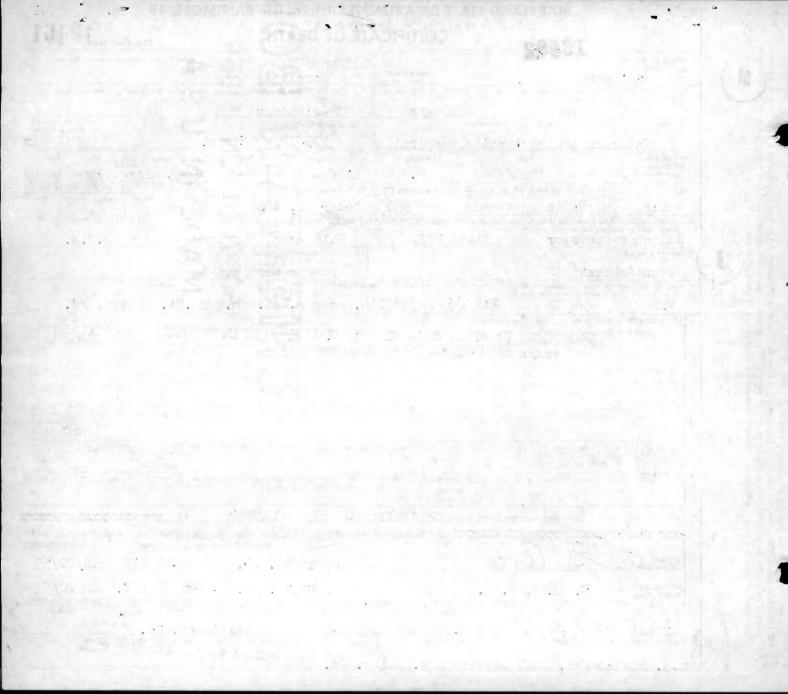
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			1127	lieu boner J. P.	A Mark	
	Security of the second					

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# FOR STATE HEALTH DE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13483 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13462

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL R	ESIDENCE (Where deceased liv	red. If institution: Residence	e before odmission)
in	O. COUNTY BALTIMORE	MARYLAND 0. STATE	MARYLAND	6. COUNTY BALT	IMORE
	b. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest lown)	H OF STAY IN 16 c. CITY O	R TOWN (If outside corporate	limits, write RURAL and gi	ive neorest town) .
	TIMONIUM	X	TIMONIUM		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give st	treet oddress) #. STREET	ADDRESS		e. IS RESIDENCE ON A FARM?
X	2420 YORK ROAD	24	-20 YORK RO	MO	YES NO
-	3. NAME OF First	Middle Lo	4. DATE	Month	Doy Yeor
	(Type or print) VERNON CHARL	LES SANDERS	SR. DEATH	DECEMBER .	4 1959
	5. SEX 6. CÓLOR OR RACE 7. MARRIED NEVI	ER MARRIED 8. DATE OF BIRT	H 9. A	GE (In years IF UNDER 1Y	The same of the sa
	NIALE WHITE WIDOWED	DIVORCED   FEB. 18	,1914	Hy yrs. Months Do	ys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS during most of working life, even if retired)	SINESS OR INDUSTRY 11. BIRTHP	LACE (Slote or foreign country	y) 12. CITIZE	N OF WHAT COUNTRY
	SUPERINTENDENT SOUTHERN	DINER CO. MAI	RYLAND	63	S.A.
	13. FATHER'S NAME	14. MOTHER	S MAIDEN NAME		
1	LOWIN SANDERS	MARGA	RET SCHMID	T	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. INFORMANT		Address	
	INO NONE 217-05-	3245 FAMILY	ECORDS .		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b),	ond (c). ]	-1/	1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	rondry	Myon	00818	Sudden
	420.1 DUE TO	1.11-	4 -		
16	Conditions, if ony, which) (b)	ONDY Sty 1	ery trisu	Henry	2 Months
	gove rise to immediate cause (a), staling the underlying DUE TO				
	couse lost. (c)				
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1	o) 19. WAS AUTOPSY PERFORMED?
0					YES NO Z
	206. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	JRY OCCURRED. (Enter noture of i	njury in Port I or Port II of ite	m 18.)	
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCC While Not work of work of work	A transit A AP.	(Home, form, 20f. (City or to	wn) (County	(Stote)
	Hour o.m. While Not work of work of we	while foctory, street, officerk	e biog., eic.)	4	
	21. I certify that I taak charge af the remains d	described above, held ar	Autapsy , Inspe	ctian Inquiry	, and in my
	apinion death resulted from: Natural causes	Accident   Suicio	le , Hamicide .		
	101. 0-6				
	SIGNATURE MARKET TO	Omnelly, CHIEF	MEDICAL EXAMINER		DATE SIGNED
2			ANT MEDICAL EXAMINER	1.	1-1-
	EXAMINER'S NAME (Type) (1) 2 Yee F-0'	Daysoll DEPUTY	MEDICAL EXAMINER	-	12/19
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME REMOVAL (Specify)	OF CEMETERY OR CREMATORY	22d. LOCATION	(City, town, or county)	(Stote)
	BURIAL VEC. 7, 1959 ST. JO		RY TEXAS.	BALTIMORE	Con Ma
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRE	ESS /	24a. REC'D BY REGISTRAR	246. REGISTRAR'S SIGNA	
	John Burns Sons Touson	n had	DEC 7 '59	arthur S. Thou	4

TO DEPUTY MEPICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is not resorry please execute the ficate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funerance at should be increased as the funerance of the form PM3. Page 5 may be retained they your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, are its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours ofter death. VS. A15ME 5M 2/57

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VS. A15ME(5) 5M 9/55

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Tat.	113		1
crem		and a	

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1348 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13463

Reg. Dist. No.

o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mississippi b. COUNTY Walthal
b. CITY OR TOWN III outside corporate limits, write RURAL and give negrest town.  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Jayess
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  2165 Lorraine Ave.	d. Street address $R \bullet P \bullet D $ e. is residence on a farm? Yes $\square$ no $\square$
(Type or print) Hazes Emma Sartin	Lost 4. DATE Manth Dear 1959
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. White WIDOWED DIVORCED	DATE OF BIRTH  Mch • 10 • 1898  9. AGE  In years   IF UNDER 1YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
during most of working life, even, if retired) Home Duties Home	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Hurry 19 Spencer	14. MOTHER'S MAIDEN, MANYE Ball
	en fred & Address haves Mil
Conditions, If any, which gave rise to immediate cause (o), stating the underlying cause lost.  DUE TO  Diabetes Mellit  (b)  DUE TO  (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 7
	nter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not while of work at work	E OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above death resulted from: Notural causes , Accident , Suice	least 1
EXAMINER'S NAME (Type) Geo. S. M. Kieffer M.D	_M.D. CHIEF MEDICAL EXAMINER
REMOVAL (Specify) Removal 12/7/59	CREMATORY 22d. LOCATION (City, town, or county) (State)  Santinsville, Mississippi  24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE DATE
	b. CITY OR TOWN   II outside corporate limits, write BURAL and give nearest temps.  MOOD   AUM  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  2165   Lorraine Ave.  NAME OF DECEASED   Type or print)   Hazee   First   Middle    First   Middle

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12695

CERTIFICATE OF DEATH

14356

30200	Reg. Dist. No.
1. PLACE OF DEATH COUNTY Baltemore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If autside corporate limits, write RURAL and give peorest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3501 Overloade Rd.	d. STREET ADDRESS. 3501 Cherbrook Ad. e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Morris F. Scherli	Last 4. DATE Month Day Yeor OF DEATH 12 28 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (Integrals   IF UNDER 1 YEAR   IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	Acad D. Alendia - James
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	of Lung Interval Between Onset and Death
163 X DUE TO	6
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>   DUE TO   Column   Column	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \sum \) NOT
	D. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED for While Not while of wark ☐	ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from S	1957ta 12/16/59, 19_, that I last saw the deceased accurred at 10:31AM, from the causes and an the date stated above.
ACTUAL Della A Sheling	ADDRESS Street, city or town, stole DATE SIGNED  M.D.
PHYSICIAN'S M. S. Shiling M.	D. Balto 17, ma
220. BURIAL, CREMATION, 22b. DATE, THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS # 100	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DANN 6 '60 Outly S. Kraus
11 11 100 WELL - 17 100 1101 1121 1127 de	6 Commy d. Thous

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs or death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs offer death.

VS A15 (4) 15M 9/58 I

ALEXANDER OF THE RESIDENCE OF THE PARTY OF T 

	13486		CERTIFI	CAIE	OF DEAL	Н		Reg.	Dist. No		
PLACE OF DEATH  o. COUNTY  Ba	ltimore		MARYLAN		STATE Maryla		ed lived. If inst b. COU		lence befo	re admissio	on)
b. CITY OR TOWN (If RURAL and give ned	outside corporate limit	ts, write	c. LENGTH OF STAY IN	lb c	CITY OR TOWN (I	If outside corp	orate limits, wr	ite RURAL on	d give ne	arest town)	, 1
-	nsville				Baltin	nore		3 Vo	1-	4	
d. NAME OF HOSPITA					d. STREET ADDRESS	44 1				e. IS RESIL	FARM
	mit Nursir	ng Ho	me	2	201 E. No		re.			YES 🗌	NO)
NAME OF DECEASED (Type or print)	ELIZABE		Middle BODINE	SCHN	Last MIDT	4. DATE OF DEATH		Month ember	28		9 5 9
SEX	6. COLOR OR RACE		IED NEVER MARRIED		TE OF BIRTH		9. AGE (In ye	ors IF UND		IF UNDER	
Female	White	WIDOWE			b. 19, 18	372	last birthde	yrs. Month:	Days	Hours	Min
during mast af worki	N (Give kind of wark of ng life, even if retired)	done 10b.	KIND OF BUSINESS OR IN	DUSTRY				12.0		WHATCO	ITAUC
At home				114	Washing		. C.		USA		
	17:11: D	A:		14.	MOTHER'S MAIDEN		r - 41 !				
	William Bo				Eugeni	a E. V					
. WAS DECEASED EVER	IN U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	INFOR	MANT			Address			
	f yes, give war or dates of se	ervice)	NT.	11 -	2.71	TT 1	. 2	134 T	T	7 701	
NO  1B. CAUSE OF DEAT PART I. DEAT 450.0	TH [Enter only one co	ouse per lin	e for (o), (b), and (c).]	1000	Minnie	-0 1	11 - 00	1	INT	rd P	WEE
PART I. DEAT  450.0  Conditions, if on gove rise to im couse (a), stating t lying couse last.	IM [Enter only one co H WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO ly, which he under- (c)	ouse per lin	e for (o), (b), and (c).]	erel	izad 1	Arte	r10 S(	lero-	IZT OX	ERVAL BET	WEEN
PART I. DEAT  450.0  Conditions, if on gove rise to im couse (a), stating the lying couse last.	IM [Enter only one co H WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO ly, which he under- (c)	ouse per lin	e for (o), (b), and (c).]	erel	RELATED TO THE TER	Arte	r10 S(	lero-	IZT OX	ERVAL BET	UTOP:
NO  1B. CAUSE OF DEAT  PART I. DEAT  4 50.0  Conditions, if on gove rise ta im couse (a), stating the lying couse last.  PART II. OTHI  20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	TH [Enter only one con the WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO cy, which he under (c) [C]  ER SIGNIFICANT CON [C]  O C C C C C C C C C C C C C C C C C C	DITIONS C	e for (o), (b), and (c).]	ere/	RELATED TO THE TER	Arte	FE CONDITION	(ero.	IZT OX	9. WAS A PERFOR	UTOP:
PART I. DEAT  450.0  Conditions, if on gove rise to im couse (a), stating the lying couse last.	TH [Enter only one con the WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO cy, which he under- con the	DITIONS C	ONTRIBUTING TO DEATH  CRIBE HOW INJURY OCCU  NOT While  20e	BUT NOT RED. (Eni	RELATED TO THE TER	ANTE	SE CONDITION of II of item 18	(ero.	IZT OX	9. WAS A PERFOR	UTOP MED? NO
NO  1B. CAUSE OF DEAT PART I. DEAT  4 50.0  Conditions, if on gove rise to im couse (a), stating to lying couse last.  PART II. JHI  20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURY Hour o. m. p. m.	TH [Enter only one con the WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO the under of th	DITIONS C  20b. DESC  ar 20d. In While of work	ONTRIBUTING TO DEATH CRIBE HOW INJURY OCCURRED Not while of work	BUT NOT RED. (Eni	RELATED TO THE TER	ANTE	SE CONDITION  of II of item 1B  ty or tawn)	GIVEN IN P	ART I(a)	9. WAS A PERFOR	UTOP MED? NO (Sto
NO  1B. CAUSE OF DEAT PART I. DEAT  4 50.0  Conditions, if on gove rise to im couse (a), stating to lying couse last.  PART II. JHI  20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURY Hour o. m. p. m.	TH [Enter only one con the WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO cy, which he under- (c) [C]	DITIONS C  20b. DESC  ar 20d. In While of work	ONTRIBUTING TO DEATH  CRIBE HOW INJURY OCCURRED  Not white of work  A form  On the control of th	BUT NOT RRED. (Ent	RELATED TO THETER  LITER NOTICE OF INJURY (Home, for street, affice bldg., in	RMINAL DISEA: in Part I or Po  orm. 20f. (Cit  A.A., A., fram	SE CONDITION  ort II of item 18  y or tawn)  1 19  the causes	GIVEN IN P	ART I(a)	9. WAS A PERFOR	UTOPMED? NO
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TO HOSPITAL NATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs, fer death. Page 4 may be retain by the haspital ar attenting physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to buriol, crematian, or removal, and in ony event within 72 hours often death. VS A15 (4) 15M 9/58

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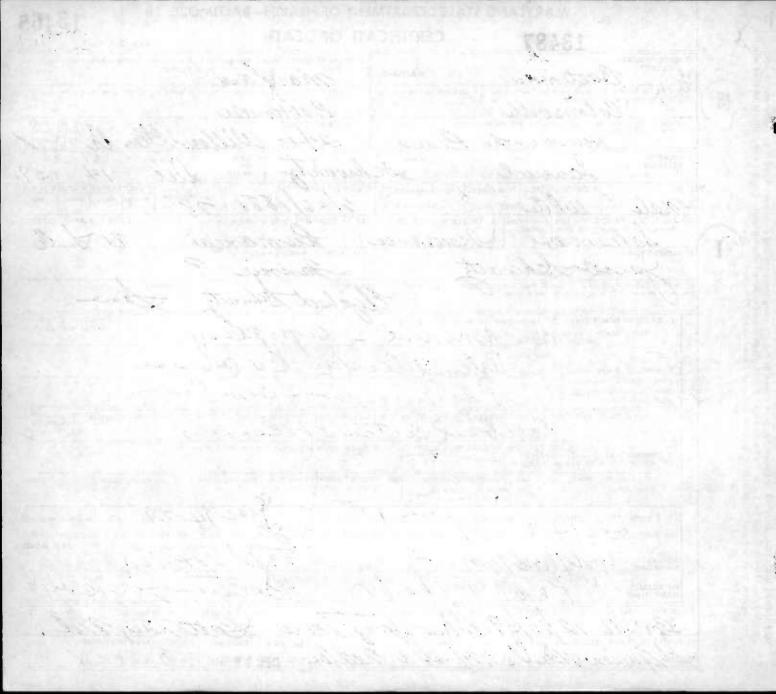
	13487	CERTIFIC	AIE OF DEAT		Reg. Dist. N	No.
a. COUNTY	Battimore	MARYLAND	May	Rand b. C	OUNTY	merel
RURAL and giv	N (If autside carporate limits, write e nearest tawn)	c. LENGTH OF STAY IN 16	x Balta	autside carporate limits,	write RURAL and give	
d. NAME OF HO OR INSTITUTION	SPITAL (If nat in haspital, give street)  House in the	e Pines	d. STREET ADDRESS	Willow	Mend	ON A FAR
3. NAME OF DECEASED (Type or print)	Samuel	Middle	chwarty	4. DATE OF DEATH	Dec. 1	Day Year
male Male	White WIDOV		B. DATE OF BIRTH	88/ 9. AGE (II lost bir		AR IF UNDER 24
during most of	ATION (Give kind of work done 10k working life, even if retired)	Ansurance	- Kun	namia	12. CITIZEN	OF WHAT COUN
13. FATHER'S NAME	al Schwa	rts	14. MOTHER'S MAIDEN	NAME		
15. WAS DECEASED (Yes, 10, of unknown)	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	SOCIAL SECURITY NO.	ligalieth Z	Thewalt	Address	٠.
	DEATH [Enter only one couse per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).	- apro	player		NTERVAL BETWE
Canditians, i gave rise to cause (a), stati	ng the under- DUE TO	sterio sele	cota C	V Dise	ase	
PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BY	JT NOT RELATED TO THE TERM	IINAL DISEASE CONDIT	ION GIVEN IN PART 1(a	19. WAS AUTO PERFORME YES NO
20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING   20b. DE NG   CAUSE OF DEATH IFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED Enter nature of injury in	Part I ar Part II af item	18.)	
20c. TIME OF IN Have a. p.	m. Whil		PLACE OF INJURY (Hame, fari factory, street, affice bldg., et	m, 20f. (City ar tawn)	(Caun	ty) (
21. I certify alive an	that I attended the deced	1801	th occurred of	M, from the cau		
PHYSICIAN'S NAME (Type)	MPhal	13/61/	M.D. /	hellen	e con	16 mg
22a. BURIAL, CREMA REMOVAL (Spec	TION, 226. DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City	, tawn, ar caunty)	(State)
23. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS (1)	13.13111	'D BY REGISTRAR 24	b. REGISTRAR'S SIGNA	

death. Page 4

TO HOSPITAL C ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/SB



RYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A15 (4) 15M 10/57

requires that the death certificate

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13489

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1	o. COUNTY Baltim	ore ,	75	MA	ARYLAND	o. STATE	vland	ere deceose	d lived. If institut b. COUNTY		e before admi	ssion)
	b. CITY OR TOWN (If RURAL ond give ner	arest town)	ts, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR	TOWN (If ou		rate limits, write l	RURAL ond gi	ve nearest to	vn)
t	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g			4-7	d. STREET A					ON	SIDENCE A FARM?
3	NAME OF	ns Adminis		Mid		434		4. DATE	Avenue	- 41-		Yeor
	DECEASED (Type or print)	CHA	RLES	1	N.	SCOTT	iT	OF DEATH	Decem		Day 18	19 59
5	. sex Male	6. COLOR OR RACE White	7. MARR		RRIED	B. DATE OF BIRT	н 18. <b>1</b> 89	00	9. AGE (In years lost birthdoy) O yrs.	Months [	YEAR IF UNI	
10	Od. USUAL OCCUPATIO during most of worki	N (Give kind of work	done 10b.	KIND OF BUSINESS Brewery	S OR INDU	STRY 11. BIRTHPI	ACE (State o	or foreign o			S. A.	COUNTRY?
13	3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Cherles E.	Scott				Nell	ie Cre	eamer				
15	. WAS DECEASED EVER			SOCIAL SECURITY	NO.   II	NFORMANT		7 (7)	Add	ress		77.25
(	Yes, no or unknown) (I	f yes, give war or dates of so WW I		6-01-44	22 (	Clin.Rec	.VAH, E	Balto.	18, Md.Fc	rt How	ard Di	vision
		mediote (	THI HYI	ROMBOSIS PERTENSIV	OF AN				EBELLAR	ARTERY	UNKN	EK_
ATION	PART II. OTHI	er significant con		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THETERMIN	VAL DISEAS	CONDITION GI	VEN IN PART	PERF	AUTOPSY ORMED?
CEPTIELCATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)			CRIBE HOW INJURY	OCCURRE	D. (Enter noture o	of injury in Po	ort I or Par	III of item 18.)			
AAEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yee	20d. IN While of work	Nat while of work		ACE OF INJURY ( ctory, street, office			or town)	(Co	ounty)	(State)
	ACTUAL SIGNATURE PHYSICIAN'S	t VAttended the	FORD	offred the	at death	accurred at.	2:009 A BALTO	M fram ADDRESS (SI		nd an the stote) RD DIV	date state	
	20. BURIAL, CREMATION REMOVAL (Specify) Burial	12/22/59		22c. NAME OF C		r CREMATORY			TION (City, town,		(Sto	ote)
23	s. FUNERAL DIRECTOR'S		-33.	ADDRESS			24a. REC'D	BY REGIST	RAR 24b. REG	lary lar Istrar's sigi Lithun S	NATURE	

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7	\$		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	A		13490 CERTIFICATE OF DEATH  Reg. Dist. No. 13468
neral director, be filed with		1. [	PLACE OF DEATH O. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY D. STATE D. COUNTY D. COU
uneral Id be fi	M		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Stowleigh Bahtings 12 Md
2 should	X		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR A STREET ADDRESS OR A STREET ADDRESS ON A FARM?
led in b		1	NAME OF Lost 4. DATE Month Day Year OF
etely fille Pages		5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Months   Days   Hours   Min.   Months   Days   Hours   Min.   Months   Days   Hours   Min.   Months   Days   Martin   Min.   Months   Days   Min.   Months   Mont
nd campletely an papers. Pa death.		10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY during integer even if retired)
arbo		13.	FATHER'S NAME  SAMUEL FOR DEL REPORTED  REPORTED  TATHER'S MAIDEN NAME  REPORTED  TO DEL RE
ing physician se remave car n 72 haurs-aft	1	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
attending n please re within 72			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
he atte			PART I. DEATH WAS CAUSED BY: My Cardial Warelin Recent ONSET AND DEATH
by the			Canditions, if any, which) (b) Cottlere School Severalized
g ber			gove rise to immediate couse (a), stating the under-lying couse last.  DUE TO  Corbinary Schroter Dusufferland
ng physician e has been s burial-Iransii remaval, and	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES   NO
ficate filters from the burners or ren		L CERTIFI	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
of ar at his cert use as ematian		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m.  P. m.  19  20d. INJURY OCCURRED Flactory, street, affice bldg., etc.)  P. m.  19  (County) (State)
haspith After the			21. I certify that I attended the deceased from 200 19, 19 9, to 200 19 , that I last saw the decease
TOR: o detach			alive on
RAL Disc. shauld be strar priar	1		PHYSICIAN'S MALTER AANDERSON BOOK Brud.
may be reta S FUNERAL page 3 shau the registrar		1.0	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State)
7			FUNERAL DIRECTOR'S SIGNATURE  ADDRESS
VS A15 (4) 15M 10/57	*	1	There T. Seit 5209 YORK 20 DATE DEC 1 4:59 ONE & KINDA

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ow requires that the death certificate be executed within 24 hours

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1. PLACE OF DEATH o. COUNTY Ba	ltimore	MARYLAND	g. STATE	CE (Where deceased liveryland	ed. If institution b. COUNTY	: Residence before Baltimo:	
b. CITY OR TOWN (If outside RURAL and give negrest to Dundalk	e corporate limits, write cown)	LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corporate	limits, write RUF	RAL and give near	rest town)
d. NAME OF HOSPITAL (IF no OR INSTITUTION 350	ot in hospital, give street odd O Louth Road	dress)	d. STREET ADDRI 3500 I	Louth Road		•	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	IDA First	Middle	SEABURY	4. DATE OF DEATH	Month Decembe:	/	Year 19 59
	ite widowed		8. DATE OF BIRTH  June 9, 1			FUNDER 1 YEAR Months Days	Hours Min.
10a. USUAL OCCUPATION (Give during most of working life, At home	e kind of work dane 10b. KII , even if retired)	ND OF BUSINESS OR INDUS	New Y		(γ)	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME			
John J. Le	verich		Szrah S	Sniffen			
15. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16. SO	CIAL SECURITY NO.	NFORMANT		Addres	SS	
No.		Mrs	. Madeline	S. Mead,	3500 Lo	uth Road	-22
Conditions, if any, wh gave rise to immedicouse (o), stating the undlying cause last.	DUE TO  ich ote DUE TO	elnivera Driv Scla		eart d		10 6	WAS AUTOPS? YES NO
PART II. OTHER SIGNATION OF CONTRIBUTING CALL (IF EITHER, NOTIFY MEDIC)  20c. TIME OF INJURY MON	JSE OF DEATH AL EXAMINER) ith, Doy, Year 20d. INJU		ACE OF INJURY (Home	e, form, 20f. (City or	2011	(County)	(Stote
20c. TIME OF INJURY Mon Hour a.m. p. m.	19 While of work [	_ INOT WITTE	ctory, street, office bld	g., etc.)			
	ttended the deceased 195	9, and that death	, 1953, to accurred at 1;2.	S.M. from the ADDRESS (Street)	causes ond	on the date	the deceose stated obove DATE SIGNE
	2/26/50	22c. NAME OF CEMETERY O			N (City, town, or	**	(State)
23. FUNERAL DIRECTOR'S SIGN. Ullrich Funeral		ADDRESS		REC'D BY REGISTRAN	24b. REGIST	RAR'S SIGNATUR	E

The state of the s of December 1 and the state of the

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

13470

134	91 CERTIFIC	ATE OF DEAT	H		Reg. Dist. No	. To3
ltimore	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla	there deceosed lived.		n: Residence before	ore admission)
est town)	ts, write c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF	outside corporate lin	nits, write RU	JRAL ond give ne	carest town)
		11420 Reist	erstown R	oad		e. IS RESIDEN ON A FARI YES NO
Firs MARY	st Middle C. W.	SEIM Last	4. DATE OF DEATH			ay Year
. COLOR OR RACE White	7. MARRIED NEVER MARRIED NIDOWED NIDOWED DIVORCED	8. DATE OF BIRTH Oct. 30, 187	lost	birthdoy)	Months Doys	Hours M
(Give kind of work of life, even if retired)	done 10b. KIND OF BUSINESS OR IND	Maryland	or foreign country)		12. CITIZEN O	F WHAT COUN
		14. MOTHER'S MAIDEN	NAME			
hrenberg		Minnie Suc	hting			
	CES? 16. SOCIAL SECURITY NO.	INFORMANT		Addre	ess	
res, give war or dates of se	None N	fr. J. Fred Ni	n cord-114	20 Rei	atereta	m Road
WAS CAUSED BY: MEDIATE CAUSE (o) DUE TO which dediote under- (c)	, Coronary , Arteriscle	Thrombo rescised	AINAL DISEASE CON	desir	(C)	Jeans  Jeans  19. WAS AUTO
CAUSE OF DEATH	or 20d. INJURY OCCURRED 20e. While Not while	PLACE OF INJURY (Home, fare	m, 20f. (City or tow		(County	PERFORMET YES NO
I attended the	deceased fram Moveral	1 11	M, fram the c	auses and	d an the dat	
S S S S S S S S S S S S S S S S S S S	est lown)  3 Mills (If not in hospitol, g Reisterst  Fir MARY  5. COLOR OR RACE White (Give kind of work of g life, even if retired  Phrenberg  N. U. S. ARMED FOR yes, give war or dates of s  MELET ONLY ON BEST  WHICH TO DUE TO COLOR OR RACE  White Color OF RACE  White Color OF RACE  White Color OF RACE  Color OF RACE  White Color OF Color  Color OF DEATH Color OF	Dutside corporote limits, write est town)  If in on in hospitol, give street oddress)  Reisterstown Road  First Middle  MARY C. W.  C. COLOR OR RACE 7. MARRIED NEVER MARRIED (Give kind of work done lib. KIND OF BUSINESS OR IND glife, even if retired)  Phrenberg  N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IN One lib. MARY (C. W.)  If [Enter only one couse per lime for (o), (b), ond (c).]  WAS CAUSED BY:  MMEDIATE CAUSE (o)  DUE TO  Which (b)  RESIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUSINESS OF DEATH EDICAL EXAMINER)  Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of	2. USUAL RESIDENCE (Wo. STATE Maryla   2. CITY OR TOWN (If Owings Mills   3. Mills   3. Wills   3. Wills   4. STREET ADDRESS   1. STREET ADDRESS   1	2. USUAL RESIDENCE (Where deceased lived or STATE Maryland to STATE MARY C. W. SEIM TO	2. USUAL RESIDENCE (Where deceosed lived. If institution in the property of	2. USUAL RESIDENCE (Where deceased lived. If imitiution: Residence before the part of th

VS A15 (4) 15M 9/58

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VS A15 (4) 15M 9/5B

CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND ALTIMORE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) KOSS VIII d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? ENWSON YES NO F NAME OF First Middle 4. DATE OF Month Day Yeor DECEASED (Type or print) 415> DEATH 0 19 59 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months DIVORCED [ WIDOWED TO TEMALE. yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE" (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) HOUT ELWISE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY days IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 0 YES NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of niury in Port I or Port II (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Nat while ot wark ot work p. m. 1957 that I last saw the deceased 21. I certify that attended the deceased fram alive an M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S 2623 G: Werener 1 NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S, SIGNATURE

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CERTIFICATE OF DEATH

13472

	1349	3	CERTIFICA	TIE OI DEAI	11		Reg. Dist.	No.	
n. PLACE OF DEATH a. COUNTY Baltimore			MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryland	Where deceosed liv	red. If institutio b. COUNTY	n: Residence	before admiss	ion)
b. CITY OR TOWN ( RURAL and give n Fort Howa		, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		0.0	JRAL and give	e nearest town	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital, giv			d. STREET ADDRESS			1 - 4-	e. 15 RES	SIDENCE FARM?
Veterans	Administrat:	on I	Hospital	7004 Mar	<u>ietta Av</u>	enue		YES	NO 🔽
3. NAME OF DECEASED (Type or print)	First NICI	7	Middle	Lost SENANES	4. DATE OF DEATH	Decei		/	Year 19 59
5. SEX Male	7.77. 9.1	MARRI	DIVORCED	8. DATE OF BIRTH September 2	7,1888	AGE (In yeors last birthdoy) 71 yrs.	Months Do	YEAR IF UND Days Hours	ER 24 HRS Min.
during most of war Proprieto	ON (Give kind of work do king life, even if retired)  r-Owner		kind of business or indu	STRY 11. BIRTHPLACE (Sto	te or foreign coun	try)		S. A.	OUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Paul Sena	nes			Helen Fat	orea				
Yes Yes	R IN U. S. ARMED FORCI	rice)	213-09-4335 C	nformant lin.Rec.VAH,	Baltimor	Addro e 18,Ma	.Ft.Ho		
PART I. DEA 42.1 Conditions, if a		PULI	MONARY EDEMA ERIOSCLEROTIC	CARDIOVASCUL	AR DISEA	SE		1 HOU	R
	gave rise to immediate couse (o), stoting the under lying couse lost.  DUE TO  CEREBRAL THROMBOSIS  RECENT								
§ DIABETES		-	contributing to death but	NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIVE	EN IN PART 1	PERFC	AUTOPSY RMED?
20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)									
Hour o. m. p. m.	19	While of work	Not while fo	ctory, street, office bldg., e	etc.)		(Cou		(State
21. I certify th			ed from November						
ACTUAL SIGNATURE John W. Granford M.D. VAH, BALTO, 18, MD, FT, HOWARD DIVISION 12/2/59									
	OHN W. CRAW			VAH, BALTO.				ION 12	/2/5
REMOVAL (Specify)	12-1-5	9	20c. NAME OF CEMETERY C		Baltim	N (City, town, o		(Sto	e)
3. FUNERAL DIRECTOR	'S SIGNATURE	,	ADDRESS	24o. RE	C'D BY REGISTRA	246. REGIS	ryland TRAR'S SIGN	ATURE	
Wm Cook-BI	ight The 600	00 п.	anfond Pd Bal	to Md DATE	EC 4 '59	Cri	Thun & A	Traces	

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havr

er death. Page 4

TO HOSPITAL VS A15 (4) 15M 9/5B

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w	13494	CERTIFICA	ATE OF DEA	ATH		Reg. Dist	No.	
1. PLACE OF DEATH a. COUNTY		Western Branch	2. USUAL RESIDENCE	CE (Where decease		an: Residence	e befare ad	missian)
Baltimore		MARYLAND	Md .		b. COUNTY	Balt	imor	0
b. CITY OR TOWN (If autside of RURAL and give nearest town	arporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If autside carpo	orate limits, write R			
Riderwood		7 yrs.	X Ride	rwood				
d. NAME OF HOSPITAL (If not OR INSTITUTION 8212 Bell	in haspital, give stree	t oddress)	d. STREET ADDR	ess Bellon	e Vite		OI	RESIDENCE N A FARM?
3. NAME OF	First	Middle	Last	4. DATE	Man	th	Day	Yeor
(Type ar print)	Joseph	N.	Sewell.	Jr DEATH	Decemb	ar 3.		19 59
5. SEX 6. COLO		RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		NDER 24 HRS.
Male Whi			March 5.	1950	last birthday)  yrs.	Manths [	Days Hai	urs Min.
10a. USUAL OCCUPATION (Give k		. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State ar fareign a	country)	12. CITIZ	EN OF WHA	AT COUNTRY?
during most of working life, ex	ven if retired)		Manuel	om d		U	SA	
13. FATHER'S NAME			14. MOTHER'S MAI				1044	
Joseph N.	Sewell.	Sr.	Rose	Cox				
13. WAS DECEASED EVER IN U. S.			INFORMANT	0022	Add	ress		
/ 44	var or dates of service)		Tananh M	G 7	3	1		
NO SAUGE OF PEATU ES		2 6-1-1 (1) 1 (-) 3	Joseph N	. Sewel	1, Sr.	(Abov		BETWEEN
1B. CAUSE OF DEATH [Enter		7	· Lla	+ F	0			ND DEATH
IMMEDIA	TE CAUSE (a)	ongesin	e l'ear	4 10	wene			
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lying couse last.	(c)	ibroapha	Diseas	0 0/1	ancreas		19m	12
PART II. OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\							YES	
OR CONTRIBUTING CAUSE U (IF EITHER, NOTIFY MEDICAL	OF DEATH	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of inju	ury in Part I or Poi	rt II af item 1B.)			
Nonth,	Doy, Year 20d.	INJURY OCCURRED 20e. PI	ACE OF INJURY (Home	e, form, 20f. (Cit-	y ar tawn)	(Co	ounty)	(State)
20c. TIME OF INJURY Month, Hour a. m. p. m.	While	60	ictory, street, affice bld					, , , , ,
21. I certify that I after		. 4	4 1055	12/3	1959	Abak I Jan	A	
	"> 10		19.5. to					
alive an 12/	5 19:	and that death	accurred at 4	ADDRESS (S	the causes an itreet, city agrawn,	d on the	date sta	ted abave
ACTUAL SIGNATURE O	Nie	many	M.D. 62	29- M	V. Cha	les	57	A SIGIRE
PHYSICIAN'S NAME (Type) WM.	A. NI	ERMANN	B	altin	iorl	12	Md	
220. BURIAL, CREMATION, 22b. D. REMOVAL (Specify)	ATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, town,	ar county)	(	Stote)
	2-7-59	Parkwood		Pa	rkville			Md.
23. FUNERAL DIRECTOR'S SIGNATI	JRE	ADDRESS	240	. REC'D BY REGIS	TRAR 24b. REGIS	STRAR'S SIG	NATURE	
Henry W. Jenk	ins & So	ns Co. 4905	York Rdoa	DEC 7	59 an	thun 8.	Traus	
		Balti	more 12.	00-4-15	1 1	4. 7	A STATE OF THE PARTY OF THE PAR	

TO HOSPITAL VALUE INTEGRAL OF THE HOSPITAL OF THE THE HOSPITAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, TO FUNERAL DIRECTOR. TO HOSPITAL O VS A15 (4) 15M 9/5B

death. Page 4

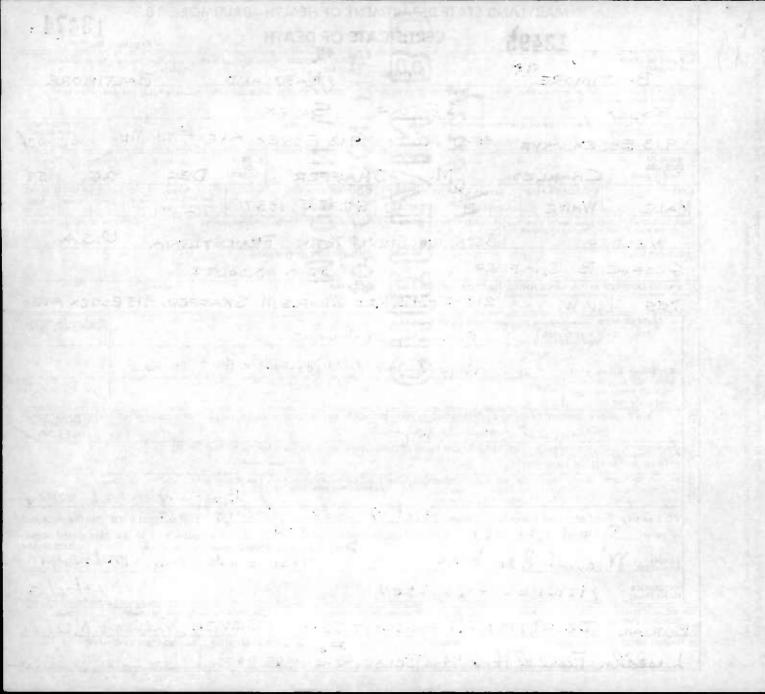
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

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VS A15 (4) 15M 9/5B

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a. COUNTY	TH	MARYLAND		ere deceased lived. If institut	1 5
1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  1. JESSEX  d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  1. JESSEX	1	-			
1. PLACE OF DEATH O. COUNTY O. NAME OF COUNTY O. COUNTY O. NAME OF COUNTY O. NAME OF COUNTY O. COUNTY O. NAME OF COUNTY O. COUNTY O. NAME OF COUNTY	MD. e. IS RESIDENCE ON A FARM YES NO				
DECEASED		Middle	Last	4. DATE Mo	onth Day Year
NA .	200		B. DATE OF BIRTH	lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 H
during most o	f warking life, even if retired)	BETHLEM STE	EL YORK T	PENNSYLVAI	12.CITIZEN OF WHAT COUN
15. WAS DECEASE (Yes, no, or unknown)	DEVER IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.	INFORMANT	Add	
gove rise couse (o), ste lying cause	if ony, which to immediate oring the under-	Hypsertonswie	arterio, e	otic Hant bis	cal
PART II  20g. ACCIDEN OR CONTRIBU	T WAS UNDERLYING [ 20	barnin haft -			IVEN IN PART 1(a) 19. WAS AUTO PERFORMEL YES NO
20c. TIME OF I	. m.	While Not while fo	ACE OF INJURY (Hame, form ctory, street, office bldg., etc	Bout	
A STATE OF THE STA	1	eceosed from	1, 17, 2, 10, 3	7	7, that I lost sow the deced
ACTUAL SIGNATURE_	Manuel P.	se ben		ADDRESS (Street, city or town	, stote) DATE SIG
PHYSICIAN'S NAME (Type)	Manuel P.	de hoen L P. DE LEON	Dec. 26, 1959 M.D. 1840	ADDRESS (Street, city or town for atten a	1 2/26(5
PHYSICIAN'S NAME (Type) 220. BURIAL, CREM REMOVAL (Sp	Manuel P. MANUE MATION, 226. DATE THEREOF	se bon	Dec. 26, 1959  M.D. 1840  OR CREMATORY  CT CEIM.	ADDRESS (Street, city or town  Fatten au  22d. LOCATION (City, town,  SEVEN V	1 2/26(5



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13476

13497

### **CERTIFICATE OF DEATH**

ea. Dist. No.

2020	Keg. Disi. No.
Male White widowed Divorted Feb. 17,1897    100 USUAL OCCUPATION (Give kind of work done Hours Min.   100 NIND OF BUSINESS OR INDUSTRY   11. BIRTHPACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY HOURS Breeder   12. CITIZEN OF WHAT COUNTRY   13. FATHER'S NAME	
b. CITY OR TOWN (If outside corporate limits, write  FURAL and-give nearest town)  RUTAL  A YOU  C. LENGTH OF STAY IN 11	
	d. STREET ADDRESS IS RESIDENCE
DECEASED	OF
MARKED WARRED	Fob 77 7807   last birthdoy) Manths Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done Horse Breeder Horse Breeding Horse	
(Yes_go or unknown)   (If yes_give wor or_dotes of_service)	
Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
	RRED. (Enter noture of injury in Part I or Part II of item 18.)
Haur a. m.  p. m.  19  Verify Total Control of Work at	PLACE OF INJURY (Home, farm, i 20f. (City or tawn) (Caunty) (Stote) foctory, street, affice bldg., etc.)
alive on the leaf 1019 5-7, and what dec	ath accurred aM, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
REMOVAL (Specify)	(5.5.1)
## Rural - Hyde    A. NAME OF HOSPITAL (if no in heapilol, give street eddress)   A. STREET ADDRESS   A. S	
Wm Cook-Towson, Inc. 1050 York Ro	
3	4, Md.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur may be retained by the hospital or attending physician.

TO FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in a page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the registrar prior to burial, cremation, or remayal, and in any event within 72 hour after death.

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e funeral director,

VS A15 (4) 15M 9/5S

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				MALIES AND AND AND	Hesignation

FOR STATE HEALTH TO DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deignessery, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral furector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filles. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. He pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any ever with 72 hours after death. 0 0 VS. A15ME

5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13477 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

•	1. PLACE OF DEATH	13438	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
	a. COUNTY Balt:	imore Maryland	• STATE Maryland b. COUNTY Bal	timore
	b. CITY OR TOWN (ii write RURAL and	if outside corporate limits, c. LENGTH OF STAY IN 1b give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	d give nearest town)
	Pike	sville	X Pikesville	
	d. NAME OF HOSPIT	TAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
	6803	CH COMPRESSED AND THE COMPRESSED	6803 Greenspring Avenue	YES NO
	3. NAME OF DECEASED	First Middle	Last 4. DATE Month OF	Day Year
	(Type or print)	SCOTT	SILVERS DEATH December	18. 19 59
-	5. SEX	7.0	B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1	
	Male	White WIDOWED DIVORCED	10-7-9 10.50 last birthday) Months	Days Hours Min.
	10a. USUAL OCCUPATI			IZEN OF WHAT COUNTRY?
	no	rking life, even if refired)	Baltimore Med	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	John S		Lucille LeCompte	
		FR IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Address Address	
=	I IR CHIEFOFT	EATH [Enter only one cause per line for (a), (b), and (c).	The Keller - free	L INTERVAL REPLIEFAL
		H WAS CAUSED BY:		ONSET AND DEATH
		IMMEDIATE CAUSE (a) PNEUMONIA		
1	443X	DUE TO		
	Conditions, if any	1-7		
	gave rise to immedia	DILETO		
	(a), stating the uncause last.			
		(c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1/a) 10 WAS AUTODSV
	OF TAKE III. OTHER		OF MENTED TO THE PERMITTED CONDITION OF ENTRY PART	PERFORMED?
	5			YES X NO
	PART II. OTHER  20a. EXTERNAL CA PRIMARY   or CO CAUSE OF DEATH.	USE WAS 206. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury In Part I or Part II of item 18.)	
		DV 4 D V 100 L DIVIDA O COURDED LOS DE	A CT OF BUILDING III	
	20c. TIME OF INJUI		ACE OF INJURY (Home, ferm, 20f. (City or town) (Counterpy, street, office bidg., etc.)	nty) (State)
	- P	<u> </u>	ald as Autonou 😾 Issuedias 🖂 Issuedia	
		nat I took charge of the remains described above, h		and in my opinion
	death resulted for	rom: Natural causes X, Accident , Suid	cide, Homicide, Undetermined manner	
		111: 11	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE	Willie print	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type)	William V. Lovitt, Jr., M.D.	DEPUTY MEDICAL EXAMINER  Address (Street, city, fown, or county)	12/18/59
=		ON, 226. DATE THEREOF   22c, NAME OF CEMETERY		(State)
	MULLIAN (Specity)	120-59 Ohel She	dow Balto	Ma
-	23 UNERAL DIRECTO	ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SI	GNATURE
	SPECIL TE	we one 2100 SUTADI	Lave DATE DEC 2 2 59 arthur S.	HOOLA
15	1000	0,000	I DATE DEG Z Z 38   CENTRAL Z.	7 000000
	20003	12214		

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) outside corporate limits, write RURAL and give negrest town) ON A FARM? YES NO Year 195 IF UNDER I YEAR IF UNDER 24 HRS. Months Dovs 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH min PERFORMED? YES NO (County) (Stote) 19.5.7. that I last saw the deceased and that death accurred at \_\_\_\_\_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) (Stote) 24b. REGISTRAR'S SIGNATURE

b. COUNTY

9. AGE (In years last birthday)

OF DEATH

240. REC'D BY REGISTRAR

ATTION FOR THE APPROXIMATION OF THE APPROXIMATION O	FEET MOREST	NT OF REALTHFUL	STATE DEPARTME		
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REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

arthur S. Thous

ADDRESS

funeral e shauld by 2 pup .⊆ campletely filled papers. and carban that the death certificate be physician attending please the permit. been signed ar attending physician. burial-transit has After this certificate detached

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10 VS A15 (4) 1SM 9/SB

may be retain y the present y the FUNERAL DIRECTOR:

page 3 shauld be he registrar priar

FUNERAL DIRECTOR'S SIGNATURE

01/16/4 To I will Life Parliton Lenguesen dille Leng Coren Fille 18 8781. It is well as a second of Christian Mast Seems Kielman Kieren MONE John E. Sons Balanin Mo - The second of LINEAR I THE THE CONTRACT LANGE CONTRACT AND the Even work 830- Newton 119 - more to

ARYLAND	STATE	DEPAR	TMENT	OF	HEAL	TH—E	BALT	IMOR	E,
MEDICA	AL EX	AMIN	ER'S C	ERT	IFICA	TE C	OF D	EATH	1

N

1348() Reg. Dist. No.

18

1. PLACE OF DEATH a. COUNTY	Baltimore	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Baltimore									
b. CITY OR TOWN (	of outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	V 16								
Sparrows					Baltimore 3V0/-4							
d. NAME OF HOSPI	TAL OR INSTITUTION (	f not in ho	spitol, give street oddress)		d. STREET ADDRESS e. IS							
Bethlehem	Steel Comp	any D	ispensary		402 S. Bo	nsal S	Street				A FARM?	
3. NAME OF DECEASED	Fin	st	Middle		Last	4. DATE	Month	1	Day	Y	'ear	
(Type or print)	Harry		J.		SKRUCH	DEATH	12		31	1	959	
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. 0	OATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER				
Male	White	WIDOWE	D DIVORCED	1 1	/2/1917		42 yrs.	Months	Days	Hours	Min.	
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b. I	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (State	or foreign	country)	12. CITI	ZEN OI	WHAT	COUNTRY	
Pit for			Steel		Baltimo	re Md	•	U.	S.	A.		
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME			10			
Joseph	Skruch				Mary C. I	Baran	owska					
	/ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INF	ORMANT		Address				11111	
No	fir yes, give war or goles or		3-09-3942	Agn	nes Skrucl	1 402	S. Bon	sal S	st.			
18. CAUSE OF DEA	ATH [Enter only ane cau								INTER	YAL BETWI	EEN	
PART I. DEA	TH WAS CAUSED BY:	Cr	ushing injur	ry a	nd burn (4t	h deg.	) of low	er	ONSE	I AND DE	nin .	
9123	DUE TO		tion of righ									
Conditions, if			utation and									
gave rise to imme	diate cause											
(a), stating the	underlying (c)											
Z PART II. OT			ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19			
ATIO /				100					,	PERFO	RMED?	
20g. EXTERNAL CA	USE WAS 20	b. DESCRIB	E HOW INJURY OCCURR	ED. (Ent	er nature of injury in Par	t I or Part II	of item 18.)		1_			
PART II. OT	NTRIBUTING		ot buggy to									
3 20c. TIME OF INJU	IRY Month, Day, Yes		INJURY OCCURRED   20e	- PLACE	OF INJURY (Hame, farm	n, i 20f. (City		(Cau	nty)		(State)	
5:15 AM	12/31/5			factory	r, street, office bldg., etc eel Mill	.)	barrows	Point.	Mc	lm		
			remains described	_			nspection				find that	
			, Accident X,				ndetermined o			und	rina mai	
1	n B X		^					MAIG				
ACTUAL	11120	avr	· ·		M.D. CHIEF MEDICAL E	XAMINER [	15.00	1		DATE S	IGNED	
					ASSISTANT MEDIC	AL EXAMINE	R 🗆 /	1-	1	_		
EXAMINER'S NAME (Type)					DEPUTY MEDICAL	EXAMINER [		1/3	1/0	19	7	
	ON. 226. DATE THEREC	)F	22c. NAME OF CEMETER	Y OR C	REMATORY	22d. LOCA	TION (City, town,	county)		(Stol	e)	
Burial	1/4/196	50	St. Stan:	isla	aus		timore !	_		P. P.		
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		24g REC	D BY REGIST		STRAR'S SIG				
John M.W	eber & Son	ns ir	1c 401 S.C.	nea.	TOSTO L	N 4 16	0 ari	Lug 8. 7	Thurs	1		

VS. A1SME(S) SM 9/55

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	And the state of t		deletion detable
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	Life (1880 also grad per m		
	Fig. 11 - St. L. C.		
	A LONG THE REPORT OF THE PARTY	Sto Doposto Russ D	
			Tall SAMO
	. med could be not a serious angul		
TANK ON THE			
	The first care was a few and		
	From Late   State   Aur Late	CONTRACT OF	DIVALL TARREST
			or a recent Lando

e. IS RESIDENCE

ON A FARM?

YES NO

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Spring Rd.

INTERVAL BETWEEN ONSET AND DEATH

Year

1959

Rea. Dist. No.

Months

PERFORMED? YES NO (County) (Stote) Lithat I last saw the deceased ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Baltimore, 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR 5646 Carville Ave. DATE Orithur & Haus

15M 10/57

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		gratinities	
VALUE OF THE PARTY			
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MARYLAND STATE DEPARTMENT OF HEALTH

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13504

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

13483

	1. PLACE OF DEATH o. COUNTY Balt	YLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission) o. STATE Maryland b. COUNTY Baltimore											
	b. CITY OR TOWN ( RURAL and give a	of autside corporate limit earest town) (Rura	7 \	. LENGTH OF STA	Y IN 1b									
	d. NAME OF HOSPI OR INSTITUTION	Green Roa		dress)		d. STREET ADD		oad					FARM?	
	3. NAME OF DECEASED (Type or print)	HENRY		Middl	S	MITH Lost		4. DATE OF DEATH	Dec.25	,195	9 00	,	Year	
	5. SEX Male	6. COLOR OR RACE White	7. MARRIEI			ct.18,1	877		9. AGE (In years last birthdoy) 2 yrs.	Months	Doys Doys	IF UNDE Hours	R 24 HRS. Min.	
1	10a. USUAL OCCUPATION during most of world Farmer  3. FATHER'S NAME	ON (Give kind af work o king life, even if retired)		nd of Business	OR INDUST	Maryl 14. Mother's M.	and		ountry)	12. CIT	US		OUNTRY?	
	Conrad	C. Smith				Caroli	ne l	Ledde	er					
	(Yes, no, or unknown) No	R IN U. S. ARMED FORG (If yes, give war or dates of se	rvice) 22	CIAL SECURITY NO	5 Aug	ormant usta B.	Smi	ith-C		lress d .Ba:	ldw:	in,M	ld.	
	PART I. DEA  434, 4  Canditians, if a gave rise to i cause (a), stating lying couse lost.	mmediate (		Parel	ag	DT RELATED TO TH	Ess.	Bengan	E CONDITION GI	/EN IN PAR	ONS	9. WAS A	DEATH	
)	CATI		4	BE HOW INJURY (								PERFO	RMED?	
		MEDICAL EXAMINER)		TO A TO										
	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Doy, Yea	While at work	Not while at work	20e. PLAC facto	E OF INJURY (Hor y, street, office bl	me, farm, ldg., etc.)	20f. (City	or tawn)	(1	County)		(Stote)	
/	21. I certify the alive on ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATIO REMOVAL(Specify) BUT 1 a 1	attended the	2, 195 M. Av	/~	AETERY OR	ccurred at 4	Ball 2	DDRESS (St		or county)		stated	abave. E, SIGNED	
	23. FUNERAL DIRECTOR' WM COOK-T			ADDRESS		n 4, Md	A PEC'D	BY REGIST C 2 8	RAR 24b. REGI	STRAR'S SIG				

VS A15 (4) 15M 9/58

TOSO I form while Total Services COLUMN ET L 6 - 6 - 3 · · · · political states and the state of , · · · · ·  MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13506 CERTIFICA

CERTIFICATE OF DEATH

Reg. Dist. No.

13485

	200	0 ()						Keg. Dist.	No.	
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYL		usual residence (who state Mary	ere decease land	d lived. If institution b. COUNTY		before admis	
b. CITY OR TOWN	(If outside corporate limiterest town). NSVIIIe	ts, write	c. LENGTH OF STAY IN 3yr5mths	N 16	c. CITY OR TOWN (IF or Washingto				e nearest low	
d. NAME OF HOSPI OR INSTITUTION OSPRING GE	TAL (If not in hospital, g ROVE STATE		oddress) PITAL		d. STREET ADDRESS  14 and Cl	ifton	Streets		ON	SIDENCE A FARM? NO [24
3. NAME OF DECEASED (Type or print)	Fir Pa <b>t</b> i		Middle Rober	t	Somers	4. DATE OF DEATH	Month Dec	ember	Doy 19	Yeor 19 59
5. sex male	white	WIDOWE			ATE OF BIRTH Dec. 21, 19		dest birthdoy) yrs.		YEAR IF UND	ER 24 HRS Min.
sto	ON (Give kind of work or rking life, even if retired) Ve assemble		KIND OF BUSINESS OR		11. BIRTHPLACE (Stole of West V	irgin			S. A.	COUNTRY?
13. FATHER'S NAME				1.	I. MOTHER'S MAIDEN N					
	nes Somers	crea la			Agnes	Kinne				
(Yes no. or unknown) unknown	ER IN U. S. ARMED FOR (If yes, give wor or dates of so	ervice)	social security no. Unknown	Reco		G GR	Addre OVE STAT		SPITAL	
Canditians, if a gove rise to couse (o), stoting lying couse tost.	the <u>under-</u> DUE TO	)		ase (S	Schizophreni				month years	
CATION					RELATED TO THE TERMIN			N IN PART 1	PERFO	AUTOPSY DRMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Yeo			AL DE	OF INJURY (Home, form,			10-		(5)
20c. TIME OF INJUI Hour o. m. p. m.	19	While of work	_ Not while_		street, affice bldg., etc.)		or town;	(Cou	miyj	(Stote)
actual signature Physician's NAME (Type)	Prices L RUNO RI	al ADA	auskas HUS'KHS	M.D.	SPRING Catons v	M, from ADDRESS (SE GROVE	n the causes and reet, city or town, st STATE	d on the	date stat	deceased ed abave. ATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify DUP 121 23. FUNERAL DIRECTOR			Mt. Oliv		emetery		TION (City, town, or PAR 24b. REGIST	D. (	(Sto	le)
The s;	H. Jines	60	29017/4	MG)	DATE DE	0001	50	-1 0	1	

ST 350 MITJASE HYJREH FO THEM TRANSPORTS STATE ON A LYNAM BOLTE the same at the case of the same at the sa The state of the second second

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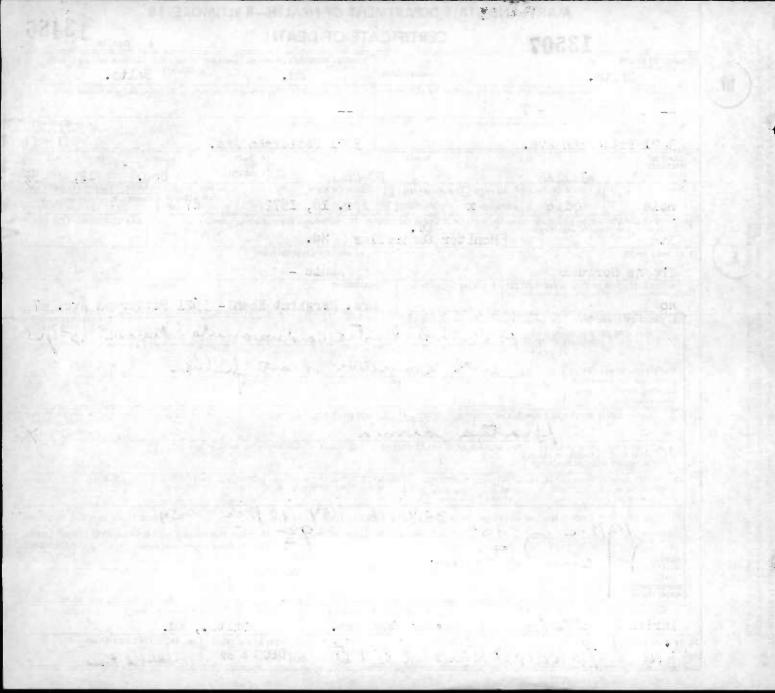
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

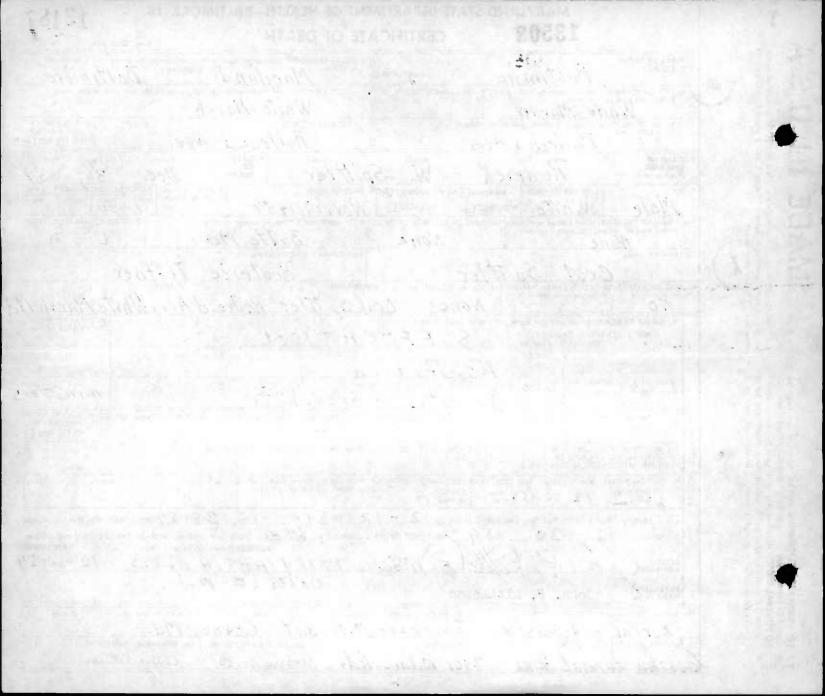
13507	CERTIFICA	ATE OF DEAT	Ή		Reg. Dist. No	13486				
1. PLACE OF DEATH o. COUNTY Balto	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Md.  Balto.								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  BALTIMORE - 7	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)								
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 3621 Patterson Ave.	oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO							
3. NAME OF First DECEASED (Type or print) WILLIAM	Middle S	lost ORRELL	4. DATE OF DEATH	Mon	th D	12. 19 59				
5. SEX 6. COLOR OR RACE 7. MAR white widow	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Apr. 18, 18		9. AGE (In years last birthdoy) yrs.		Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  Rtd  M	KIND OF BUSINESS OR INDU	- 263	te or foreign co	untry)	12. CITIZEN O	F WHAT COUNTRY				
13. FATHER'S NAME Thomas Sorrell		14. MOTHER'S MAIDEN Annie ⇒	NAME							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) [(If yes; give wor or dates of service)]		NFORMANT Mrs. Margare	t Keen	Addi	atterson	A370 #7				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  422.1  Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying couse last.  C  PART II. OTHER SIGNIFICANT CONDITIONS	orth congr	ture hear	t fa	CONDITION GIV	YEN IN PART 1(a)	19. WAS AUTOPS)				
Hat Hat	CRIBE HOW INJURY OCCURRE	ia				PERFORMED? YES NO				
Hour o.m. While		ACE OF INJURY (Home, fo ctory, street, office bldg., e	rm, 20f. (City	ar town)	(County)	) (Stote				
21. I certify that I attended the decearative an Actual SIGNATURE PHYSICIAN'S NAME (Type)		MAPVI	_M, fram t	he causes an eet, city or town, /1S, M. D. Road	d an the date	w the decease e stated abave DATE SIGNE				
22a. BURIAL, CREMATION, 22b. DATE THEREOF 12/15/59	22c. NAME OF CEMETERY C			to., Md.	ar county)	(Stote)				
23. FUNERAL DIRECTOR'S SIGNATURE	Sour- Bal		C'D BY REGISTR		STRAR'S SIGNATU					

moy be retain, by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun page 3 should be detached far use as the burial-transit permit. Then please remove garban appers. Pages 1 and 2 should requires that the death certificate be executed within 24 haurs the registrar priar ta buriol, cremation, or removal, and in any event within 72 haury TTENDING PHYSICIAN: The low TO HOSPITAL 2

VS A15 (4) 15M 9/5B





VS A15 (4) 15M 9/5B

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ith th	M	)

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13509

**CERTIFICATE OF DEATH** 

13488

	-									_
1	1. P	COUNTY	ltim	oel '	AARYLAND 2	a. STATE	ere deceased lived. If inst		efare admission)	
	A	CITY OR TOWN (If and RURAL and give near		write c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN OF O	utside carporate limits, wr	ite RURAL ond give	nearest tawn)	
	~ S	NAME OF HOSPITAL OR INSTITUTION	(If nat in hospital, give	street address)	7	d. STREET ADDRESS	ico .	Hual	e. IS RESIDENCE	
(	R	ageway	Marcon	- Mus. 7	torne	, ,			YES NO [	]
	3. 1	Type ar print)	RTHU/	7-N-	STAN.	SBURY	OF (	Manth 25	Day Year 19 S	2
	5. S	m 6	COLOR OR RACE 7	MARRIED NEVER M	ORCED B. I	oate of Birth	9. AGE (In ye light birthdo	pors IF UNDER 1 YE Day) Months Day yrs.	AR IF UNDER 24 H	_
	10a.	during most of working	(Give kind of work don life, even if retired)	Black +	Section Section	Y 1 BIRTHPLACE (State	or foreign cauntry)	12. CITIZEN	OF WHAT COUNTI	(Y?
8	13.	FATHER'S NAME	Atte	u aberry		14. MOTHER'S MAIDEN N	AME	00		
	16. 1905.	WAS DECEASED EVER IN. no, or unknown	N U. S. ARMED FORCE	S? 16. SOCIAL SEGURIT	Y NO. INFO	DRMANT & Pair	recurrence of the state of the	Address	R.b. W.	1
-		FART 1, DEATH	[Enter only one couse WAS CAUSED BY: MEDIATE CAUSE (a)	per line far (a), (b), on	d (c).]	ronary &	mbelism		NTERVAL BETWEEN	17.
Sills	9	Canditians, if any,	- DUE TO	Cardio	- Vuscu	las Disc	ase with		1 men,	H
		gove rise to imm couse (a), stating the lying couse last.				O.	compensa	tion		
)	CERTIFICATION	PART 11. OTHER	SIGNIFICANT CONDIT	TIONS <u>CONTRIBUTING T</u>	O DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(a	19. WAS AUTOP PERFORMED? YES NO	
		20a. ACCIDENT WAS L OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	b. DESCRIBE HOW INJU	RY OCCURRED. (	Enter noture of injury in P	art I ar Part II of item 18.	.)		
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Year	20d. INJURY OCCURRE While Nat while at work at wark	foctor	OF INJURY (Hame, farm, y, street, office bldg., etc.	20f. (City ar tawn)	(Caun	ty) (Sto	ite)
		21. I certify that	I attended the d	at Id	11. 75 that death o	19.39 to 1	17.73 , 19	1	aw the deceas	
		ACTUAL SIGNATURE	Gons	Elesta	Lu M.		M, from the causes  ADDRESS (Street, city or to		DATE SIGN	
		PHYSICIAN'S NAME (Type)	Tegra	F. URE	BAN					/
	220.	BURIAL, CREMATION,	226. DATE THEREOF	-59 22c. NAME OF	CEMETERY OR C	REMATORY	2d. LOCATION (City, to	wn, or county) www-Bal	lo es M	1
ary a	23.	FUNERAL DIRECTOR'S S	1 istor	Hale	potec	11 11	DEC 2 9 '59	Certhur &	1 -	

13509 CERTIFICATE OF The Comment of the Standard Contraction of the Standard Remarks There I say the property of the said The state of the same of the s SETTING THE STANSFORM IN SEC. AS THE The course there is the last of the Wellet Metalling and and the second Mar of the property of the state of the state of the state of the state of Change Photos " a street Street More than the second of the second William I will be a state of the state of th THE SECTION OF SHEET SHEET

# TO DEPUT. CEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any consists please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Fealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 yours after death.

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VS. AISME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALITH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13489

1. PLACE OF DEATH a. COUNTY	3510	ems 8,9 FilmG25		SIDENCE (Where daca		asidenca before admission)
Baltimo	re	MARYLAND	a. STATE	ryland	Balt	imore
b. CITY OR TOWN (if outs write RURAL and giva Sparrow	naarest town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	· ·	ata limits, writa RURAL and	give naarast town)
		in hospital, giva straat address)	d. STREET AD	DRESS		. IS RESIDENCE
Control of the Contro	em Steel Di	ispensary	25	00 Yorkway		YES NO X
3. NAME OF DECEASED	First	Middla	Last	4. DATE	Month	Day Year
(Type or print)	CHARLES		STEALEY	, Sr DEATH	December	7, 1959
5. SEX   6. C	OLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH		AGE (In years   IF UNDER 1	
Male	White win	OWED DIVORCED	Sept. 9, 1		34 yrs. Months I	Days Hours Min.
10a. USUAL OCCUPATION (		Ob. KIND OF BUSINESS OR INDUS		(Stata or foreign count	4.4	ZEN OF WHAT COUNTRY?
Pipe fitte		Shipvard	Wort	Virginia	7	J.S.A.
13. FATHER'S NAME		Dillpyala	14. MOTHER'S M			J. D. H.
Charles C	. Stealey		Elizab	eth Johnson		
15. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Addrass	
(Yas, no, or unkown) (Ifyasgi	va war or datas of servica		rs. Anna S	tealey 2500	Yorkway	
		par line for (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WA	S CAUSED BY: COI	conary occlusion				ONSET AND DEATH
11001	DUE TO					
Conditions, if any, wh						
gava rise to immadiata ca	usa Dus TO					
(a), stating the underly cause last.	ing					
	(c)	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
САПО						PERFORMED? YES NO
PART II. OTHER SIGN  DEL 20a. EXTERNAL CAUSE PRIMARY OF CONTRIE CAUSE OF DEATH.		DESCRIBE HOW INJURY OCCURED.	(Entar natura of injury	y In Part I or Part II of its	ım 18.)	
20c. TIME OF INJURY Hour a.m. p.m.			ACE OF INJURY (Hor clory, street, office blo		r town) (Coun	sty) (State)
-		remains described above, I	neld an Autopsy	Inspection	7. Inquiry [7.	and in my opinion
death resulted from:					termined manner	
	0 00	1/0	CHIEF ME	DICAL EXAMINER		
ACTUAL SIGNATURE	Kussell	Maker	M D ASSISTAN	NT MEDICAL EXAMINER		DATE SIGNED
HV H MYNTEDIC	sell S. Fi	sher. M.D.		AEDICAL EXAMINER	inter	12/7/59
22a. BURIAL, CREMATION, 2 REMOVAL (Specify)		22c. NAME OF CEMETERY			N (City, town, or country)	(Stata)
Burial :	12/10/59	Oak Lawn Cen	etem	C	olgate. Md.	
23. FUNERAL DIRECTOR	mal II D	ADDKE22	24		Olgate, Md.	GNATURE
Ullrich Fune	rai nome D	undalk, Md.	DA	ATEDEC 1 4 '59	Crothun S.	Knue

TOLE 1 STANG TO STANGE OF STREET OF STREET, WHO STREET where the principle and and the College of the coll The Burney of when O DOMBE . SEEDON - FEB CONTROL OF THE PARTY OF THE PAR Charles and the same and the first of the factor of The state of the s

TO HOSPITAL OF UTENDING PHYSICIAN: The low requires that the death centures are completely filled in by the funeral director, may be retain.

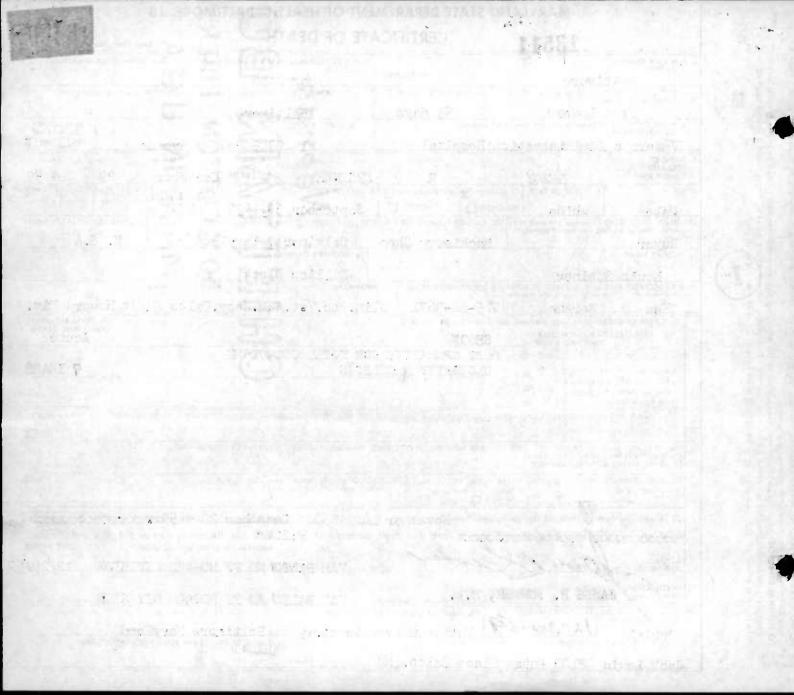
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removed about a pages. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	OFDELEIC ATE	OF DEATH
7	CERTIFICATE	OF DEATE

Reg. Dist. No. 13490

	1351	1	CERTIFI	CAT	E OF DEAT	H		Reg. Dist. h	10.13	1911
1. PLACE OF DEATH a. COUNTY Ral	timore		MARYLAI	11	USUAL RESIDENCE (Wo. STATE  Maryl		If institution.	n: Residence b	efare admis	sian)
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RURAL and give no	t Howard		55 days		D-1+	imore	3	VOI-	11	
d. NAME OF HOSPIT	TAL (If not in hospital,	give street a	ddress)		d. STREET ADDRESS	TIMOLE		. 0 1 -	e. IS RES	
OR INSTITUTION	4 22	L. 2			17 0	מסק ס ז-ז				FARM?
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Buyer B. FATHER'S NAME		1 101	acidinery Sin	1	4. MOTHER'S MAIDEN	NAME	u	1 0.	D.A.	
Louis S		norsa la c	OCIAL SECURITY NO	INICO	Lillian E	RTOCK	Addre			
	(If yes, give war ar dates of		OCIAL SECURITY NO.			Harris III				
Yes	Korean	21	5-28-3671	Cli	n.Rec.Vet.A	Adm. Hosp. B	alto M	id Ft H	oward	Div.
18. CAUSE OF DEA	ATH [Enter anly ane o	ause per line	e far (a), (b), and (c).]			11301	1000		NTERVAL 8	TWEEN
PART I. DEA	TH WAS CAUSED BY:	in Si	HOCK						Acut	e
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OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH	I ZOD. DESCI	VIOL HOW HAJORT OCC	OKKED. (I	mer notice at injury if	run i ur run in ur i	10.)			
	MEDICAL EXAMINER)						Tellion is	Ar-III		
20c. TIME OF INJUR	Y Month, Doy, Y	ear 20d. IN. While	JURY OCCURRED 200	e. PLACE foctory	OF INJURY (Hame, far , street, office bldg., e	rm, ; 20f. (City ar tav tc.) !	vn)	(Coun	ty)	(State)
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SIGNATURE	Minn 1	10		M.D	_VAH_BALTO	O_MD_FT_HC	WARD_I	TVISIO	N L	2/29/
PHYSICIAN'S										
NAME (Type)	AMES R. PO	WDER,	M.D.		-VAH-BALTO	OH-TT-HO	WARD I	TVISTO	N	
20. BURNAL, CREMATIC	N, 22b. DATE THERE	OF	22c. NAME OF CEMETER	RY OR CI	The state of the s	22d. LOCATION (			(Sta	e)
REMOVAL (Specify)	12 - 30	-59	United Heb	20	Comotown	Baltimor	o Mars	haefr	4	
3. FUNERAL DIRECTOR	'S SIGNATURE	-	ADDRESS	T.GM		C.D.BX REGISTRAIN		TRAR'S SIGNA	TURELA	
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VS A15 (4) 15M 9/5B

John Burns Sons.

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Reg. Dist. No.

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12. CITIZEN OF WHAT COUNTRY?

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	b. CITY OR TOWN (IF	outside carporate limits	, write	. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (	If outside corpo	rate limits, write R	URAL ond	give nea	rest towr	1)
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	d. NAME OF HOSPITA	L (If nat in haspital, giv	re street ad			d. STREET ADDRESS					e. IS RES	IDENCE
_		te Training	Sch	ool		724 Washin	gton A	renue				FARM?
3.	NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Mon		Day	,	Year
	(Type ar print)		ricia			totelmyer	DEATH	1	.2	22		19 59
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED 🔀 8. D	ATE OF BIRTH		9. AGE (In years last, birthday)	IF UNDER	Days	IF UNDE	Min.
	Female	White	WIDOWED	DIVORCE		2/17/53		6 yrs.	Monits	Days	ridurs	min.
100	usual Occupatio	N (Give kind of wark do ng life, even if retired)	ne 10b. KI	ND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Sto	ote or foreign o	ountry)	12.CIT	IZEN OF	WHATC	OUNTRY
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13.	FATHER'S NAME			111111111111111111111111111111111111111	1	4. MOTHER'S MAIDEN				-30		
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	Conditions, if an gove rise to in couse (o), stating t lying cause lost.	mediote (	PI	neum	oui	a and	loti	tis u	edia			
ICATION	PART II. OTH	ER SIGNIFICANT COND	ITIONS <u>CO</u>	NTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS PERFO YES D	AUTOPSY RMED?
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	ЮЬ. DESCR	IBE HOW INJURY O	CCURRED. (E	inter nature of injury	in Part I or Por	t II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. INJ While at wark	Not while ot wark	20e. PLACE factory	OF INJURY (Home, for, street, office bldg.,	orm, 20f. (City etc.)	or town)	(1	County)	13	(State)
	21. I certify the	at I ottended the	deceased	from		, 19, to		, 19,	thot I lo	ost saw	the d	eceosec
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	0	0 , , 0	0	1 0	10 0			treet, city or town,			DAT	E SIGNED
	ACTUAL SIGNATURE	de W.K	esk	end to	Mays	inal 43	M TO.	alutie	ld au	s4 1	2/22	/59
	PHYSICIAN'S NAME (Type)	de W. F	Rie	chert	M.D	B	alt'	~ ore	14	, A	M d	
220	BURIAL, CREMATION	, 22b. DATE THEREOF		22c. NAME OF CEMI	ETERY OR CI	REMATORY	22d. LOCA	TION (City, town,	or county)		(Stat	e)
	REMOVAL (Specify) Burial	12/23/59	9	Rose wil	Can	etery H	aversi	town Was	ah C	7 7 2	4	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		L ULL Y	C'D BY REGIST		STRAR'S SI	GNATUE	RE	
	17 16 8.	18.	21	7	2	n cl. DATE	<b>DEC 28</b>	150	Irthun .	8. Ku	aus	
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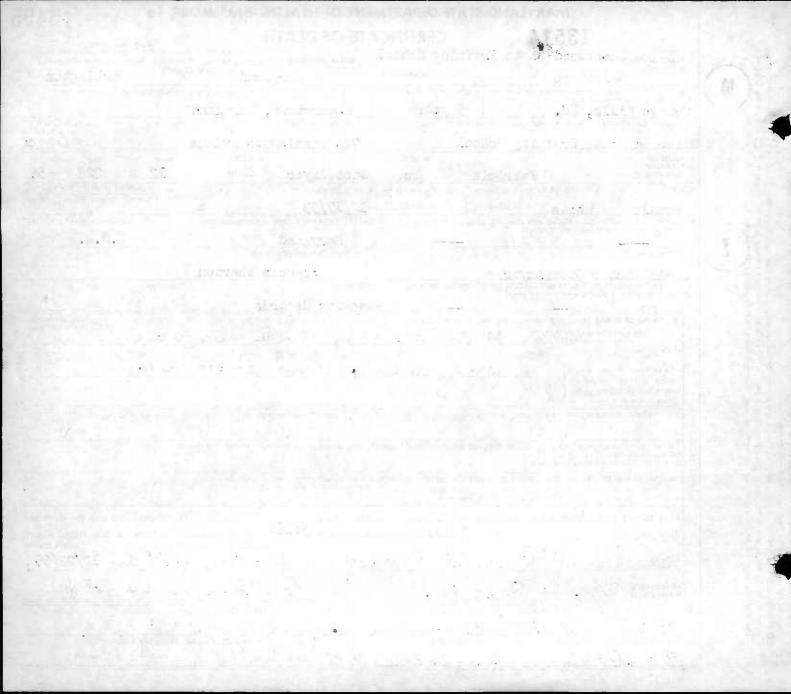
may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with unsit permit. Then please remave carban papers. and in any event within 72 haurs after death. the registrar priar ta burial, crematian, ar remaval, VS A15 (4) 15M 9/5B

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL 9

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VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13515 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Baltimore Maryland Raltimore b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville vears Dundalk, Md. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 014 Sprig Grove State Hospital 26 Midship Road YES NO T NAME OF First Middle 4. DATE Day Year DECEASED 19 59 (Type or print) Joseph Strapple DEATH Dec. 26 NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years last birthday) 6. COLOR OR RACE 7. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Malle White DIVORCED IV March 13. 1911 WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Odd Jobs U.S.A Penna 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anthony Strapple ANNA Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Unknown 92-01-8688 Spring Grove State Hospital's Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Terminal pneumonia 3u5xDUE TO Multiple sclerosis Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YEST NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 21. I certify that I attended the deceased fram. Dec. 24 ..., 19.59, ta Dec. 26 ..., 19.59, that I last saw the deceased and that death occurred at 8:10a M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE SPRING GROVE HOSPITAL PHYSICIAN'S Stella Wachsler, M. D. NAME (Type) Catonsville 28 220. BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Slate) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR 160 Cirthun S. Frances DATE IN 4

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EALTH DEPT.		LACE OF DEATH COUNTY Balt	imore		MARYLAND	a STATE	ryland	deceesed lived, If b. COUN	institution: Reside	nce before a	dmission
rector. Pag your files. d of Realth	ь	write RURAL end	outside corporate limit give neerest town) ISVILLE	ts,	c. LENGTH OF STAY IN 16	110	tonsvill	orporete limits, write	e RURAL and give	neerest tow	rn)
e Boar	d	-1	Rockwell		(garage)	d. STREET ADI	11 Reck	well Ave			A FARM?
o the fur e retain the Stat er death	I	NAME OF DECEASED Type or print)		ORGE	Middle S.	SULLIVA	OF	M 14(01111	n Dey	You 19	59
and 3 to may b 2 with ours aft	5. 3	Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH Aug. 26	, 1905	9. AGE (In yeers last birthdey)	Months Deys	Hours	Min.
es 1, 2, Page 5 s 1 and n 72 h	10a. don	USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retire	d)	IND OF BUSINESS OR INDUST Plumbing		(State or foreign		12. CITIZEN	S?A	OUNTRY
PM3. Pa	13.	FATHER'S NAME Frank	B. Sulli	van		14. MOTHER'S MA	AIDEN NAME	zard			
H form mit File	15. (Yes	WAS DECEASED EVE	R IN U.S. ARMED FOR yasgive war or detas of se	ervice)	2-05-9357 17.	INFORMANT Hazel M. S	Sullivan	Address 2411 F	Rockwell	Ave.	
ficate should be execute ending" in pencil in the miner's Office along w ed as a buriel-transit pe o, or removal, and in a		PART I. DEATH  87/, 0  Conditions, if any, gave rise to immedie (a), stelling the uncause last.	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO which te cause derlying DUE TO (c)	Carbo	ine for (e), (b), and (c).] on monoxide po				0	TERVAL BET NSET AND I	DEATH
t: This certil he word "p hedical Exa hould be us hould be us t, cremation	CERTIFICATION	20e. EXTERNAL CA	USE WAS 2	Ob. DESCR	IBE HOW INJURY OCCURED.	(Enter natura of injury	in Part I or Part II	of item 18.)		YES	NO A
EXAMINER ste, writing th the Chief M R: Page 3 sh rior to burial,	MEDICAL C	20c. TIME OF INJUR	Y Month, Dey, Yes				g., atc.)		(County) Balto.		(State)
Hig to O g		21. I certify the			nains described above, h , Accident , Sui	cide, Homi	icide, l	n X, Inquir Indetermined m		in my o	pinion
UTY DE Secute Me do be forware ERAL DIR esignated a		ACTUAL SIGNATURE EXAMINER'S NAME (Type)	William V.	Lovi	tt, Jr., M.D.	M.D. ASSISTAN	IT MEDICAL EXAMINER EDICAL EXAMINE Street, city, town,	R 🗍		DATE SIG 12/10,	
TO DEPUT please exe 4 should b TO FUNER or its design			Dec. 1	OF	Druid Ridge	Cemetery	22d. 100 Bal	timore C	ounty.	(Stat	
VS. A15ME 5M 7/59			Cook Inc.	12:	17 St. Paul S		TEDEC 1 4 '5		Chun & Hen		

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 13520

13499 Reg. Dist. No

1. PLACE OF DEATH o. COUNTY	Baltimore	MARYL	AND 2. U	SUAL RESIDENCE (WE STATE Marylar	nere deceosed lived	l. If institution b. COUNTY	n: Residence be Bal ti		ion)
RURAL and give ne	f outside corporate limits, wr corest town) ISON	ite c. LENGTH OF STAY IN		CITY OR TOWN (IF o		mits, write RL	JRAL ond give n	earest town	)
d. NAME OF HOSPITA OR INSTITUTION 1732	AL (If not in hospital, give st Amuskai Rd.		10	1732 An	muskai R	d.			IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	First Joh	Middle	Tra	lost aband	4. DATE OF DEATH	Dece			Year 1959
5. SEX Male	7877 2 . 1	MARRIED NEVER MARRIED OWED DIVORCED		e of Birth 10, 1899	l las	E (In years t birthdoy) yrs.	Manths Days	-	R 24 HRS Min.
10a. USUAL OCCUPATIOn during mast of wark Store Ke	ing life, even if refired)	10b. KIND OF BUSINESS OR Crown Cork &		1. BIRTHPLACE (State  Baltimo			12. CITIZEN O		OUNTRY?
13. FATHER'S NAME			14.	MOTHER'S MAIDEN N	NAME				
J	ohn Traband			Clara	Emge				
	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORA	MANT		Addre	ess		
No	in yes, give won or ocure or service)	214-05-3484	Mrs.	Nellie Tra	band 17	32 Amus	skai Rd.		
200. ACCIDENT WAYOR CONTRIBUTING	ER SIGNIFICANT CONDITIO	MS CONTRIBUTING TO DEAT					EN IN PART 1(a)	PERFO	AUTOPSY RMED? NO
20c. TIME OF INJURY Hour o. m. p. m.	w	od. INJURY OCCURRED  hile Not while work of work	0e. PLACE OI foctory, s	F INJURY (Home, farm treet, office bldg., etc.	20f. (City or to	wn)	(County	r)	(Stote)
21. I certify the alive an	Gerdon Gran	9 39, and that d	leath accu	1948, ta prired ay 033A	M, fram the cappress (Street, or	auses and		te stated	eceased abave signed
22a. BURIAL, CREMATION		22c. NAME OF CEMETI	ERY OR CREA	MATORY	22d. LOCATION (	City, town, or	r county)	(Stote	e)
REMOVAL (Specify) Burial	12-15-1959	Morelar				imore.	20.7	10.010	,
23: FUNERAL DIRECTOR'S	aneral Hon	ADDRESS 1401 Ber	lavi	@ 1 240. REC'I	DEC 1 8 '59	24b. REGIS	TRAR'S SIGNATI		

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equires that the deoth certificate be executed within 24 haurs offer death. Page 4		signed by the ottending physicion and completely filled in by the funeral director,	sit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13521 **CERTIFICATE OF DEATH** 

13500 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	I O. STATE					sion)
RURAL and give no	earest town)						RURAL and gi	ve nearest tow	n)
OR INSTITUTION				d. STREET ADDR	RESS			ON	SIDENCE A FARM? NO M
3. NAME OF DECEASED (Type or print)	Charles	st	Middle Edward	Turnbaug	- 05	10		Doy 12	Year 19 59
5. SEX · male	6. COLOR OR RACE	7. MARRIED M	NEVER MARRIED DIVORCED	8. DATE OF BIRTH June 6,	1888				
during most of worl	ing life, even if refired)	lone 10b. KIND C	OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE	(State or forei	gn country)			
13. FATHER'S NAME LOU	is Turnbaug	gh		14. MOTHER'S MA		a			
		rvice)				Add		PITAL	
	TH WAS CAUSED BY:	12	0,	1 Inta	retion	n_		INTERVAL BE	
Conditions, if a gove rise to it	mmediate (	10	10.0	Deckusji Anteriose	on ferotic	Carofice	ascula.	Lis.	N/a,
2	IER SIGNIFICANT CON	DITIONS CONTRIB	BUTING TO DEATH BU	T NOT RELATED TO THE	E TERMINAL DI	SEASE CONDITION GI	VEN IN PART	PERFC	AUTOPSY DRMED?
OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter noture of inj	ury in Port I o	Port If of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	While _ N	of while	LACE OF INJURY (Ham octory, street, office bld	e, farm, 20f.	(City or town)	(Co	ounty)	(State)
21. I certify the alive on ACTUAL SIGNATURE	at I attended the	deceased fro	, and that deat	h accurred at	O A M.	fram the causes of (Street, city or town,	and on the	e date state	
PHYSICIAN'S NAME (Type)									
REMOVAL (Specify)	Dec 15-1	959 Rec	sterstown	meth. Cewet	tery k	eisterstown	or county)	ma	
Oliver le	^	ian Ri	DDRESS isteratour			GISTRAR 24b. REGI	STRAR'S SIGN	Trank	
	b. CITY OR TOWN (I RURAL and give an Caton d. NAME of dospit or institution SPRING G. S. NAME OF DECEASED (Type or print)  5. SEX.  110. USUAL OCCUPATIC during most of worl handy  13. FATHER'S NAME  14. LOUIS ALL OCCUPATIC during most of worl handy  15. WAS DECEASED EVE (Yes, no. or unknown)  18. CAUSE OF DEA  PART 1. DEA  Conditions, if or gove rise to it couse (o), stating lying couse lost.  PART 11. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTHY  201. I Certify the alive on p.m.  21. I certify the alive on p.m.  21. I certify the alive on p.m.  220. BURIAL CREMATIO REMOVAL (SPECIFY)  PART URL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL CREMATIO REMOVAL (SPECIFY)  220. BURIAL CREMATIO REMOVAL (SPECIFY)  PHYSICIAN'S NAME (Type)	Baltimore  b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) Catonsville  d. NAME OF HOSPITAL (If not in hospitol, gor institution) SPRING GROVE STATE  3. NAME OF DECEASED (Type or print)  5. SEX. 6. COLOR OR RACE White 100. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) handy Man  13. FATHER'S NAME  LOUIS TURDBUE  15. WAS DECEASED EVER IN U. S. ARMED FOR MORNOWN  18. CAUSE OF DEATH [Enter only one corporate of unknown)  18. CAUSE OF DEATH [Enter only one corporate of unknown)  18. CAUSE OF DEATH [Enter only one corporate of unknown)  19. Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  19. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING OF CORPORATE OF INJURY Month, Doy, Year Hour o. m.  19. m.  21. I certify that I attended the alive on CRMOVAL (Specify) Physician's NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify) Physician's NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify) Physician's NAME (Type)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catons ville  d. NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION SPRING GROVE, STATE HOSPT  3. NAME OF DECEASED (Type or print)  S. SEX.  G. COLOR OR RACE TOWN (INDOMED)  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME  LOUIS TURDBUGh  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)  UNKNOWN  18. CAUSE OF DEATH [Enter only one cause per line for (PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O)  Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CONTRIBUTIONS CONTRIBUTION	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest (swi)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest (swi)  D. C. LENGTH OF STAY IN 16  2mthldys  d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  OR INSTITUTION  SPRING GROVE STATE HOSPITAL  3. NAME OF DECEASED  (Type or print)  D. STATE HOSPITAL  SEX.  6. COLOR OR RACE  WIDOWED DIVORCED  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  Name of Divorced Divorced  101. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  Name of Divorced Divorced Divorced  102. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  Name of Divorced	D. COUNTY  Baltimore  MARYLAND  D. CITY OR TOWN (If outside corporote limits, write RURAL and a give nearest form)  D. CITY OR TOWN (If outside corporote limits, write RURAL and a give nearest form)  D. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest form)  D. CATONS VILLE  D. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest form)  D. CATONS VILLE  D. C. CITY OR TOWN (If outside corporote limits, write RURAL and give street oddress)  D. AMME OF HOSPITAL (If not in hospital, give street oddress)  D. AMME OF HOSPITAL (If not in hospital, give street oddress)  D. AMME OF DECEASE (If not in hospital, give street oddress)  D. AMME OF DECEASE (If not in hospital, give street oddress)  D. AMME OF DECEASE (If not in hospital, give street oddress)  D. AMME OF DECEASE (If not in hospital, give street oddress)  D. AMME OF DECEASE (If not in hospital, give street oddress)  D. AMME OF DECEASE (If not in hospital, give street oddress)  D. AMME OF DECEASE (If not in hospital, give street oddress)  D. AMME OF DECEASE (If not in hospital, give street oddress)  D. AMME OF DECEASE (If not in hospital, give street oddress)  D. AMME OF DECEASE (If not in hospital, give street oddress)  D. AMME OF DECEASE (If not in hospital, give street oddress)  D. AMME OF DECEASE (If not in hospital, give street oddress)  D. AMME OF DECEASE (If not in hospital, give street oddress)  D. AMME OF DECEASE (If not in hospital, give street oddress)  D. ACTUAL STREET ADDITION (If not in hospital, give street oddress)  D. ACTUAL STREET ADDITION (If not in hospital, give street oddress)  D. ACTUAL STREET ADDITION (If not in hospital, give street oddress)  D. ACTUAL STREET ADDITION (If not in hospital, give street oddress)  D. ACTUAL STREET ADDITION (If not in hospital, give street oddress)  D. ACTUAL STREET ADDITION (If not in hospital, give street oddress)  D. ACTUAL STREET ADDITION (If not in hospital, give street oddress)  D. ACTUAL STREET ADDITION (If not in hospital, give street oddress)  D. C. CONTRIBUT	D. COUNTY  Baltimore  MARYLAND  D. CITY OR TOWN If outside copporate limit, write RURAL God give nearest log give street oddress) Catons ville  Catons ville	D. COUNTY  Baltimore  MARYLAND  B. COLY OR TOWN (If outside corporate limit, write and the county of the composition of the com	December 1	D. COUNTY Baltimore  b. CIVI OR TOWN (If outside corporate limits, write country)  b. CIVI OR TOWN (If outside corporate limits, write country)  b. CIVI OR TOWN (If outside corporate limits, write country)  c. CIVI OR TOWN (If outside corporate limits, write RURAL and give necrest tow RURAL and give necrest town RURAL and give necrest t

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	1888		CERTII	-ICA I	E OF DEA	H			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Baltimor	e	MARYL		USUAL RESIDENCE	(Where de		d. If institution b. COUNTY	Torre	before odr Ltimo	-
B. CITY OR TOWN (I RURAL ond, give no Haletho	f outside corporate limitarest town) TPE	ts, write	c. LENGTH OF STAY I	N 1b	E. CITY OR TOWN		corporate 51	limits, write R	URAL and giv	re nearest to	own)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g 2034 Nor				d. STREET ADDRES		east	Ave.		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Walter		Middle T •		urner	4. D O D		Decemb		Doy 18,	Yeor 19 59
5. SEX Male	6. COLOR OR RACE Colored	7. MARRI WIDOWE	DIVORCED		Jul. 1,	1891	9. A	GE (In years set birthday) yrs.		YEAR IF UI	NDER 24 HRS.
100. USUAL OCCUPATION during most of world Teacher	ON (Give kind of work ing life, even if retired	done 10b. 1	KIND OF BUSINESS OF	NDUSTR	Maryl		ign countr	у)	12. CITIZ		AT COUNTRY
13. FATHER'S NAME Unk	nown				4. MOTHER'S MAID Sidney	EN NAME		?			
15. WAS DECEASED EVE [Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	IT. INFO	Gladys	C. 1	urne	er 203		rthe	ast A
Conditions, if o gove rise to i couse (o), stating lying couse lost.	the under-	, C	oronary a	enos esser	Greeney	(	tu			54	ND DEATH
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z			ONTRIBUTING TO DEA						EN IN PART	PER	REPORTEDS NO 1
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	ZUB. DESC	RIBE HOW INJURY OC	CURRED. (	inter noture of injur	y in Port I d	or Part II o	r item 18.)			
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While	JURY OCCURRED  Not while of work	20e. PLACE foctor	OF INJURY (Home, , street, office bldg.	farm, 20f , elc.)	(City or t	own)	(Co	unty)	(State)
actual SIGNATURE	at lattended the	1950 Man	}, and that		. 1928, to curred at 3 1501 Er . Baltimo	ADDRE	SS (Street,		ind on the		ne deceaser ated above DATE SIGNER
220. BURIAL, CREMATIO BREMOYAL (Specify)	12-22-		22c. NAME OF CEMEN		REMATORY	22d.		(City, town, c	7 5 3	(S	tote)
13) FUNERAL DIRECTOR	s SIGNATURE	guler	ADDRESS 57 Biddle	8 W.		DEC 2		24b. REGIS	STRAR'S SIGN	ATURE	

TO FUNERAL DESCRIPTIONS: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL CIR VS A15 (4) 15M 9/55

after death. Page 4

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File-podes

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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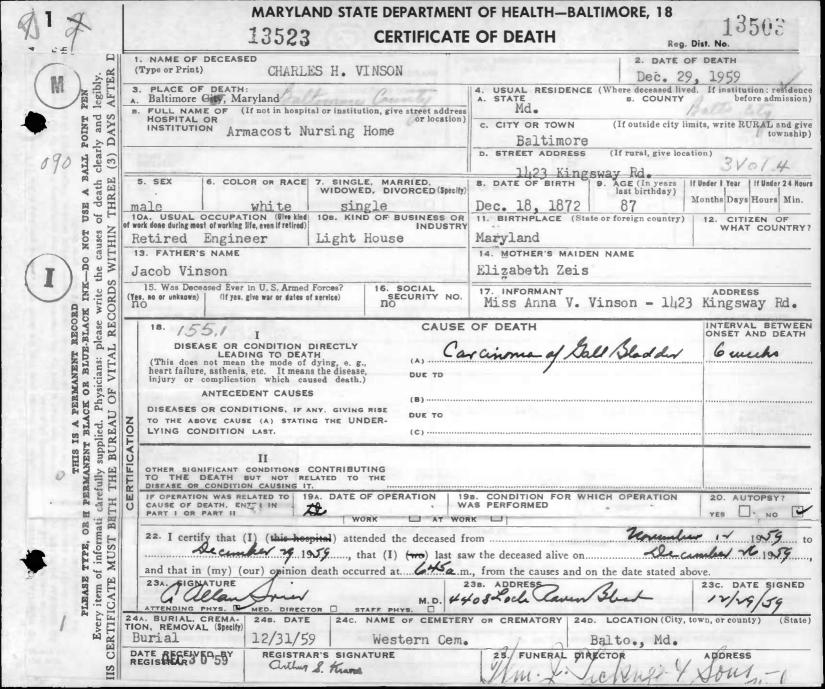
	12599		O CERTIFICATI	TO DEATH	Reg. Dist. No	
	1. PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (M	there deceased lived. If Institute in the lived in the li		
	b. CITY OR TOWN (If outside corporola limits, write end give pecrest fown) Catonsville	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write 1e	e RURAL and give n	earest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION (II  1024 Crosby Rd.	nat in hospital, give street address)	d. STREET ADDRESS 1 1024 Cros	by Rd.		e, IS RESIDENCE ON A FARM? YES NO
	3. NAME OF Firs DECEASED (Type or print) Sall		vler	4. DATE Mon OF DEATH	th Doy )ec• ]	.8, Year 59
	5. SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	DATE OF BIRTH	9. AGE (In years lost birthday) 27 32 yrs.	IF UNDER TYEAR Months Days	IF UNDER 24 HRS. Hours Min.
	10a. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) HOME	Home		or foreign country) Carolina	12. CITIZEN O	A •
	13. FATHER'S NAME  John M. Peir		14. MOTHER'S MAIDEN N	iame Rav		
	15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no, or unknown) (If yes, give wor or doles of s	CES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT	Addres		8
	PART 1. DEATH Enter only one cour PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  773. / DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying  DUE TO		oning From	Automobile	INTER	VAL BETWEEN T AND DEATH
	20g. EXTERNAL CAUSE WAS 20b	DITIONS CONTRIBUTING TO DEATH BUT NO. DESCRIBE HOW INJURY OCCURRED. (E. Rubber tube attache	nter nature of injury in Part	I or Part II of item 18.)		PERFORMED?
- 1	20c. TIME OF INJURY Month, Day, Yeor How 2.m. A M12 .18 .19	While Not while to work of otwork	CE OF INJURY (Home, farm	Catonsvill	th by County le Balto	· Monovide (State)
	21. I certify that I took charge death resulted from: Notural of ACTUAL SIGNATURE SIGNATURE SAMME (Type) Geo. S.M.	of the remains described above couses , Accident , Suid	M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL E	MINER MEXAMINER	couse	DATE SIGNED
	22g. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/21/59			22d. LOCATION (City, town, Warsaw, North		(State)
	23. FUNERAL DIRECTOR'S SIGNATURE	Porside 14 - 17	0 1		ISTRAR'S SIGNATUR	

VS. A15ME(5) 5M 9/55

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	MENICAL EXAMINER'S CERTIFIC
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	exclusion that the complete program is a second of the complete program of the
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STATE OLOASYOLIS



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) e. COUNTY director. Page Maryland Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete fimits, write RURAL end give neerest town) write RURAL end give neerest town) 54Baltimore Essex d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE in pencil in Item 18, Give Pages 1, 2, and 3 to the funeral Office along with form PA(3. Page 5 may be retained for burial-transit permit, Ele pages 1 and 2 with the State Bc moval, and in any even within 72 hours after death. ON A FARM? Middle River Rd. and Martin Blvd. 407 A Ballard Street YES NO X 4. DATE DECEASED (Type or print) DEATH GEORGE DAVID VOLZ December 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months DIVORCED X WIDOWED Male White October 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) General Laborer U.S.A. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Volz Lena Richert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give we ror detes of service) Henry Volz NO Volz Avenue 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Extensive third degree burns and carbon monoxide ONSET AND DEATH PART I. DEATH WAS CAUSED BY: poisoning complicating massive fresh intracerebra IMMEDIATE CAUSE (e) hemorrhage in white matter of left lower parietal lobe. Conditions, if any, which geva rise to immediate cause 40 "pending" DUE TO (e), stating the underlying Medical Examiner SE 50 Hypertensive arteriosclerotic heart disease cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati YES T NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY [] or CONTRIBUTING [] Deceased was found in burning shack containing xmas CAUSE OF DEATH. MEDICAL 20c TIME OF INJURY Month, Day, Year 59 20d. fNJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete) 2:30Hour a.m. fectory, street, office bldg., etc.) While Not While at work Exsex Baltimore at work Maryland Parking lot 21. I certify that I took charge of the remains described above, held an Autopsy Y Inspection 1. Inquiry and in my opinion designated agent, Suicide , death resulted from: Natural causes Accident Y Homicide undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT **EXAMINER'S** Russell S. Fisher, M.D. NAME (Type) Address (Street, city, fown, or county) 22e. BURIAL, CREMATION | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) ZION LUTHERN CEM. STEMMERS. RUN. 240 g DURIAL 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Tuneral Home 7401 Below Road DATE DEC 1 7 '59 arthur & Krous SM 7/59

There are the street of the st Tiers of the control tengend denotes Supply Told Told State ma'wanna manama masamami annya bilis avienuind mainesta X Note: The spirit of the spirit The Control of the Section of the Se TX LEWIS TO BE THE REAL PROPERTY. and the trade is a freeze THE RESERVE OF THE PROPERTY OF THE PARTY OF

# FOR STATE HEALTH DE strany, please sctor. Page your files. d of Health,

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13500DICAL EXAMINER'S CERTIFICATE OF DEATH

13505

							Reg	g. Dist. No.	
1. Pl	ACE OF DEATH COUNTY	to			2. USUAL RESIDENCE (	Where deceased liv		n /_/_	odmissian)
	assiv		1	MARYLAND	a. STATE	M.	b. COUNTY	salli	6
١.	CITY OR TOWN (If outside corporand give nearest town)	prote limits, write RURAL	c. LENGTH OF	STAY IN 16	c. CITY OR TOWN (	f autside corporate	limits, write RURA	L and give neares	st town)
	Ka	ndalla	lown /2	-Wr.	1 Brocket	ale a	salts -	7.	
1.	NAME OF HOSPITAL OR INS	. ~ 0	hospital, give street a	ddress)	d. STREET ADDRESS				IS RESIDENCE
22	Randalls	town 21	rng Str	0	3823	Was	lungton		S NO
)	AME OF ECEASED	First	Midd	le	Last	4. DATE OF	Menth	Day	Year
1	ype or print) HE	NRY	CLIFTO	NW	AGNER	DEATH	Dec	21	1959
1	X 6. COLO	R OR RACE 7. MAR	RIED NEVER MA	RRIED 8.	DATE OF BIRTH	9. A	4 highdayl		INDER 24 HRS
	male Vi	line widow	VED DIVOR	CED 🔲	Jan 9, 18	16	yrs. Man!	hs Days Ha	urs Min.
	USUAL OCCUPATION (Give k	ind of work done 10t	. KIND OF BUSINES	OR INDUSTR	Y 11. BIRTHPLACE (State	ar foreign countr	y) 12.	CITIZEN OF WH	AT COUNTR
	Inowan		Life In	ansance	4	mf.		W, S. 9.	
F	ATHER'S NAME		1		14. MOTHER'S MAIDEN	NAME 0	X		
	Bustave	W ag	ner		The state of the	Bulins	my	ers.	
1	VAS DECEASED EVER IN U. S.	. ARMED FORCES	6. SOCIAL SECURITY	NO. 17. IN	FORMANT	201000	Address		
1	no, or unknown) (II yes, give	war ar dales af service)		M	es Muste	5 Wagne	38.2 =	Masher	ston Ca
1	8. CAUSE OF DEATH [Enter	only one couse per li	ne for (o), (b), and (c	).]	1	- Jan	V \702	INTERVALE	MEEN
	PART I. DEATH WAS CA		Basis	20 6	Portaria	9		ONSET AND	who
ŀ	11.20.0 mmedial	DUE TO	y region	VET V	20000				40 1.00
	Conditions, if ony, which	1							
	gove rise to immediate couse	(							
	(a), stating the underlying								
		FICANT CONDITIONS	CONTRIBUTING TO I	DEATH BUT NO	OT RELATED TO THE TERM	INIAI DISEASE COI	IDITIONI CIVENI IN	94971/11/19 14/	AS ALITORIU
	TAKE III. OTTICK STOTEL	icani continons	CONTRIBUTION	ZEATH BOT INC	NECKTED TO THE TERM	IIIVAL DISEASE COI	ADITION GIVEN IN	PE	RFORMED?
-	Ma EVTERNIAL CALICE WAS	20h DESCI	HOE HOM INDUST	CCUPPED VE				YES [	NO
1	No. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTION CAUSE OF DEATH.	G D ZOB. DESC	IBE HOW INJURY O	CCURRED. (En	ter nature of injury in Po	rt far Part II af ite	m 18.)		
	2	20	none	2 100- 21-	as himby "	1			
	Haus 5	344	d. INJURY OCCURRED  hile Not while	20e. PLACI	OF INJURY (Hame, farey, street, office bldg., etc.	n.   20f. (City or to	No. of Street,	(County)	(State)
-	p. m.	19 at	wark at work	7	rone		nr	ru.	
	21. I certify that I too	k charge of the	e remains descr	ibed abov	e, held an Autap	y . Inspe	ction 🔀, Inc	quiry 📆,	and in my
	opinion deoth resulted	from: Naturo	causes 🕱. A	ccident	], Suicide [],	Homicide .	Undetermine	ed manner [	
	0 0	. 1				HI HE			
	ACTUAL A, A,	Caple	2		M.D. CHIEF MEDICAL E	XAMINER 🔲		DA.	TE SIGNED
					ASSISTANT MEDIC	AL EXAMINER		24	0213
	EXAMINER'S D. D	CAPL	FS I	תר	DEPUTY MEDICAL	EXAMINER 🔀			
).	BURIAL, CREMATION, 226. D	DATE THEREOF	22c. NAME OF CI	METERY OR C			(City, town, or coun	ily) (	Stote)
	REMOVAL (Specify) Burial 12	124/50			EMETERY	Balto		Md.	
	UNERAL DIRECTOR'S SIGNATI	URE /	ADDRESS		1	D BY REGISTRAR	24b. REGISTRAR'S		
>	forms 22	yers!	8728 Libe	rty Ros	. 2				
b	DRING SYERS FU	MERAL HOM	Randall			C 2 4 '59	1 Chilling,	S. Kraus	

TO DEPUTY MEPICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is rexecute the case, writing the ward "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral 4 should be the varded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained?

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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			Maria Person	
				W 18
	Date of the state of the state of			
	Constitution in the second		1 2 3 4	
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH shauld be PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY O. STATE Baltimore b. COUNTY Md . MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsvil Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE prior ON A FARM Sutter Ave. Apt B. Sutter Ave . Apt . B YES NO TO NAME OF Middle DATE Last Month Day Year OF DEATH Abraham Walters (Type or print) 28 Dec. 1959 far 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Male Months Col . WIDOWED 1 DIVORCED T with yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? C during most of working life, even if retired) oup pe U.S.A MOY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 haurs Give Pages 1, 5 Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File Mrs. Lula Walters 313 Sutter Ave 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)."] INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: Coronary thrombosis IMMEDIATE CAUSE (o) **DUE TO** Cardiovascular disease Conditions, if ony, which ) gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO I 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While o. m. Not while at work ot work p. m. 21. I certify that I tack charge of the remains described above, held an Autopsy ... Inspection 1 Inquiry and find that Accident , Suicide , Homicide , Undetermined cause death resulted fram: Natural causes ... ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR forwarded in ASSISTANT MEDICAL EXAMINER cute the **EXAMINER'S** NAME (Type) Geo. S. M. Kieffer M.D. DEPUTY MEDICAL EXAMINER Dec. 28.1959 224. BURIAL CREMATION, 226. DATE THEREO 225 NAME OF CEMETERY OR CREMATORY 22d NOCATION With town, or country 0 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 3 1 VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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13527 1. PLACE OF DEATH
COUNTY
Baltimore County

MARYLAND

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE b. COUNTY

	13507
Dist No	

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death. Page

in bythe funeral directar, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

amg physician:	ate has been signed by the attending physician and comp	Signature of the page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper	remayal, and in any event within 72 hours after death.
חומל מם נפוחום	TO FUNERAL DIN JOR: After H	page 3 should be detached for	the registror priar ta burial, cre
A	"	33	

		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1	b . C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Mt. Wilson. Maryland 6/mo.	134 PD42 /200 M/
	-	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS
100	-	OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
C. Green		Mt. Wilson State Hospital	YES NO NO
	3.	NAME OF First Middle	Lost 4. DATE Month Day Yeor
		DECEASED (Type or print) Emanuel Cheste	OF OF
	_		
	3. 3	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
		WIDOWED WIDOWCED	1/29/1882 77 75.
	10a	D. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
1		Machinist Machine Sh	ino Pa. U.S.A
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
/		Benlamin Waters	Vin 2 May Hayer
1	15		I VIOLE I LAV MENTY
	[Yes	rs, no, or yeknown) (It yes, give wor or dates of service)	7. INFORMANT Address
		NO UNKNOWN	Hospital Records, Mt. Wilson State Hospital
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	, INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: MACHINE CAUSE (0) Far Advanced	Pulmonary Tuberculosis 62 mo.
		CO2X DUE TO	
		Conditions, if any, which )	
		gove rise to immediate (	
		conse (a), storing the under-	
	7	lying cause last. (c)	
0	Ó	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
U	3		YES NO K
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of item 18.)
	ER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)!
	WEG	Hour a. n. p. m. 19 While Not while at work at work	I I I I I I I I I I I I I I I I I I I
			b Wil 12/2/ W
	-8	21. I certify that I attended the deceased from	2, 19.54, to 12/3/ , 19.54, that I last saw the deceased
	Н	alive on [2], 19.54, and that dec	ath occurred at Lasse M, from the causes and on the date stated above
	10		ADDRESS (Street, city or town, state)  DATE SIGNED
	16	ACTUAL SIGNATURE	Wh William Manual and
1		SIGNATURE	_M.D. Mt. WIISON, Mary I and
		PHYSICIAN'S LISTING MANAGEMEN M. D.	Consulatordant
		NAME (Type) William Newcomer, M.D.	Superintendent
	22o	BURIAL, CREMATION 226, DATE THEREOF 22C. NAME OF CEMETER	OR CREMATORY (22d. LOCATION (City, town or county)
	C.	REMOVAL (Specify) (AUM) 1860 A at	TAVILLE ADDO ( A STANON
	22	The state of the s	and the state of t
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REGISTRAR 246. REGISTRAR'S SIGNATURE
		MINISMUNITURE	MONTE THE TOP TO THE PARTY OF T
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William Control National					

### **CERTIFICATE OF DEATH**

Reg. Dist. No.

13508

1, PLACE OF DEATH o. COUNTY BE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Balto.								
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, corest town)	write c. LENC	OTH OF STAY IN 16	c. CITY OR TO	DWN (If outside co	rporate limits, write	RURAL ond give	nearest tov	m)
d. NAME OF HOSPIT OR INSTITUTION 402 Reges	100 5					RESIDENCE N A FARM?			
3. NAME OF DECEASED (Type or print)	First	RTA	Middle EMM A	Lost WELCH	4. DAT OF DEA		Month	Day 26	Year 19 59
S. SEX	6. COLOR OR RACE 7			8. DATE OF BIRTH		9. AGE (In year	OF IF UNDER 1 Y	FAR IF LINE	
female		VIDOWED []	DIVORCED [	Dec. 26.	1875	last birthday	Manths Da		-
Oa. USUAL OCCUPATIO	ON (Give kind of work don					-		N OF WHA	T COUNTRY
etired Tead	ing life, even if retired)	Publi	c School	Md.			11/1/13		
3. FATHER'S NAME		- A WULL	C DCHOOL	14. MOTHER'S	MAIDEN NAME			•	
Mordecai W	lel ch			Rh	oda Armi	zer			
S. WAS DECEASED EVE	R IN U. S. ARMED FORCE		SECURITY NO. 17.	INFORMANT	OGG ATILL		ddress		10.70
	(If yes, give war or dates of servi			Mi an Dhad	a Hamilt	- 1.00 D			
no la course or ore	TH [Enter only one coust			Miss Rhod	a namilio	DU-HOS RE	egester /	INTERVAL 8	FTIMETA
Conditions, if a gove rise to it couse (o), stating lying couse lost.	mmediate DUE TO	Hy	perver	siase	Carl	ionas	cular	10 y	ear
Hear	SE LINDERLYING TO 20	mia	DESCRIPTION OF THE SU	ctro c	andre	in	GIVEN IN PART 1(	PERF	ORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour o. m.	CAUSE OF DEATH MEDICAL EXAMINER)	20d. INJURY O		LACE OF INJURY (H		Lity or town)	(Cou	ntul	(State)
Hour o.m.	19	While No		octary, street, office	bldg., etc.)				
21. I certify the alive on	ot 1 ottended the dec 23		and that deof	, 19. <b>9</b> . h occurred of	6.10AM, fr	om the couse (Street, city or tov	s and on the	date sto	e decease led above DATE SIGNE
PHYSICIAN'S NAME (Type)	-				Balk	mero /	F mal	1:	2/28/
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 22b. DATE THEREOF		AME OF CEMETERY C	Cem -		cation (City, tow	n, or county)	(SIc	ote)
23. FUNERAL DIRECTOR	S SIGNATURE		ORESS GLU - G	10/17	24a. REC'D BY REC	SISTRAR 246. RE	GISTRAR'S SIGNA	ATURE	
V			V	my				• w	

funeral director, death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of may be retaing the hospital or attending physician.

TO FUNERAL DICTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remayal, and in any event withiny?2 hours offer death. VS A15 (4) 15M 10/57

BANGER STATE OF THE STATE OF TH Sin to release the the second control of HOW HOW I ASSURED THAT THE deoth: Poge 4

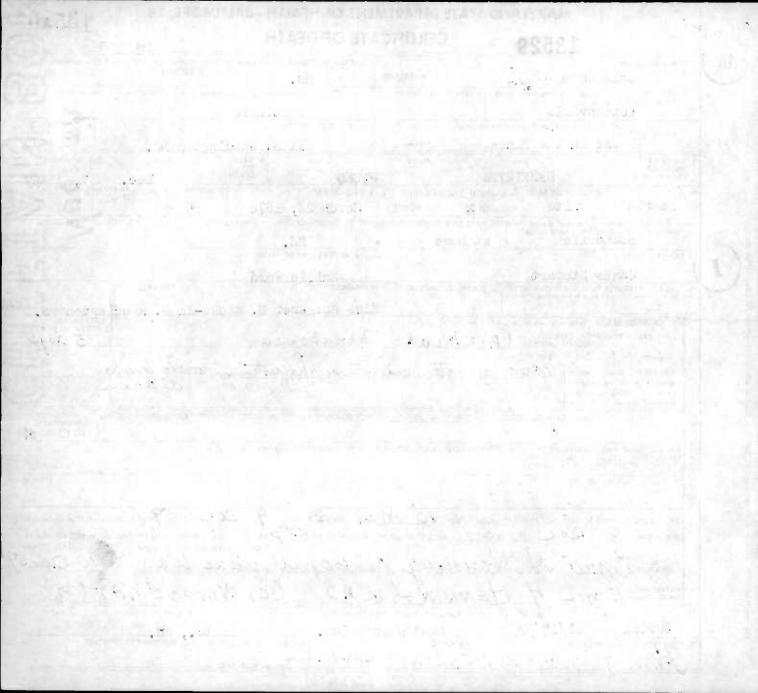
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours on

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1,		1333	3	CEKI	IFICA	TE OF	DEATH	1		Reg. Dis	st. No.	3509
	o. COUNTY	altimore		MAR	YLAND	2. USUAL RES	SIDENCE (WI	ere deceased	lived. If institution b. COUNTY		ce before odm	
	b. CITY OR TOWN (IF RURAL ond give na Dungal	outside corporate limits arest town)	, write	c. LENGTH OF STAY	( IN 16	states at	TOWN (If o	outside corpora	ote limits, write Ri	JRAL and g	give nearest to	iwn)
	d. NAME OF HOSPITA OR INSTITUTION Sons 1051	AL (If not in hospitol, given dence, 1)		ddress)		/ d. STREET Box	0.00	N. Po:	int & M	ille	e. IS R	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Agnes		Middle Kather <u>i</u>		West	ast C	4. DATE OF DEATH	De cemb		24,	Year 19 59
-	. sex Ma.le	6. COLOR OR RACE White	7. MARRIE	then st		April		1885	AGE (In years lost birthdoy) yrs.		1 YEAR IF UN Days Hou	
10	Seli-Empl	N (Give kind of work doing life, even if retired)		IND OF BUSINESS	OR INDUST				ary land		S.A.	AT COUNTRY?
13	3. FATHER'S NAME	wrence Dr	rozdo	owski		14. MOTHER Ka.	s MAIDEN N					
15	S. WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16. Se vice 2]	OCIAL SECURITY NO	D. 17. IN 77页II	FORMANT Cha.	rles	West :	Addr 114 Wis		re. 22	. Md.
	PART I. DEAT  LA Q O I  Conditions, if an gove rise to im couse (a), stoting to lying couse lost.	mediate (	M	yoca,	ero di	tic a(	car	dio u dises arc	lascul tion	ar	onset and	day
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT COND	ITIONS <u>CC</u>	ONTRIBUTING TO DE	ATH BUT N	OT RELATED T	O THE TERMI	NAL DISEASE	CONDITION GIVE	IN PART	PERI	S AUTOPSY FORMED?
		UNDERLYING CAUSE OF DEATH	Ob. DESCI	RIBE HOW INJURY O	CCURRED	(Enter nature	of injury in f	Port I ar Part I	l of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	While	Not while	20e. PLA	CE OF INJURY ory, street, office	IHome, form ce bldg., etc.	, 20f. (City o	er fown)	(0	county)	(State)
22	actual signature Physician's NAME (Type)		, 195 Con	On way	death M J	.D	10:301	AM, fram ADDRESS (Stre	the causes and et, city or town, so one of the causes and et, city or town, so one of the cause and	nd an the total extremely and an the total extremely and an extremely an extrem	/2	e deceased abave. DATE SIGNED - 2 8 - 5
23.	FUNERAL DIRECTOR'S			ADDRESS Ave. 22		aus		Dunda BY REGISTRA EC 2 9 '5!	AR 24b. REGIS	TRAR'S SIG	Md .  NATURE  Haus	

TO HOSPITAL OR may be retaine VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13512

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) HDALK d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO NO NAME OF Middle DATE Lost Month Year DECEASED 54 (Type or print) DEATH 19 13 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lost birthday! Months Days Hours Min. WIDOWED T DIVORCED T yrs. 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SHIPING FUKEIN12 > 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), apd (c),] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate couse DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 17 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED LEnter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) 0. m Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and find that death resulted from: Notural causes Accident Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) +Ch 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Traus DATEDEC 21 '59

VS. A15ME(5) 5M 9/55

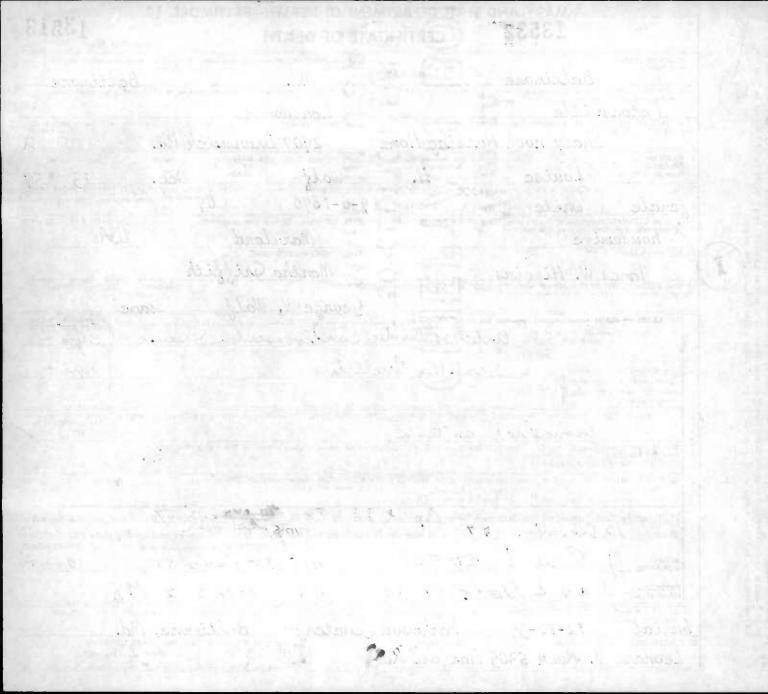
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VS A1S (4) 1SM 9/SB U

	MARYLAND STATE DEPA 13532 CERTI		E OF DEAT	TH—BALTI <i>N</i> TH		Reg. Dist. No	135	513
1.	PLACE OF DEATH a. COUNTY  Baltimore  MARY	(LAND 2.	usual RESIDENCE (	Where deceased live	ed. If institution b. COUNTY	Residence before	ore admissi	
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town).	IN 16 5	c. CITY OR TOWN (		limits, write RU	RAL and give ne		
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	ome	d. STREET ADDRESS		ck Rd.			DENCE FARM? NO
3.	NAME OF First Middle DECEASED (Type or print)  Louise  H.		Wolf	4. DATE OF DEATH	Dec	n Di	-,	rear 19 5 9
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCE		ATE OF BIRTH -6-1890	9. 4	The last last	Months Days	Hours	R 24 HKS. Min.
	5. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Of during most of warking life, even if retired)		11. BIRTHPLACE (Sto	yland	у)	USA	F WHAT CO	OUNTRY?
13.	James W. Higgins	1.	Marth	a Griffe	th			
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give wor or dates of service)	). INFO	RMANT George W.	Wolf	Addre	same		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO	istic (	Cardiov	asculon	Deseo	INT	SET AND	TWEEN DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> cause last.  (b) Due to	mell	itus			3	syn.	+
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NO	RELATED TO THE TEI	RMINAL DISEASE CO	INDITION GIVE	N IN PART 1(a)	19. WAS A PERFOI	NO PSY
CERTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY O OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (E	nter nature of injury	in Part 1 or Part 11 a	f item 1B.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19   While   Not while at work   at work	20e. PLACE factory	OF INJURY (Hame, fo , street, office bldg.,	arm, 20f. (City ar t	own)	(County	)	(State)
	21. I certify that I ottended the deceased from appearing alive on 12 December 1959, and that actual signature for his figure for the signature for the sign		curred ot 5.10	M, from the ADDRESS (Street,	couses ond		e stoted	
	PHYSICIAN'S JOHN A. NESBITT,	JR.	BAL	TIMOR	E, 2,	MD		
	g. BURIAL, CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMI REMOVAL (Specify) 12-16-59 Parkwo	11	EMATORY Emetery	22d. LOCATION	imone.	Md.	(State	=)
23.	Leonard J. Ruck 5305 Harford	Rd	24a. RI DATE	EC D BY REGISTRAR		TRAR'S SIGNATU MI 2. Thou		



VS A1S (4) 1SM 9/SB

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13533. CERTIFICATE OF DEATH

-5000				Reg. Dist. N	0.			
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Wh	ere deceosed lived. If instit		fore odmission)			
Baltimore	MARYLAND	Maryland	B. COUN	3 VO	1-4			
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16		utside corporate limits, write	RURAL and give r	nearest tawn)			
Fort Howard	6 Hours	Baltimore		(7)				
d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?			
Veterans Administration		3906 N. R	logers Avenue		YES NO			
NAME OF First DECEASED	Middle	Last	4. DATE M	lonth	Day Year			
(Type or print) MATTHEW	W. W	OLPERT	OF DEATH Decemb	ber 1	6 19 59			
. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 28 .]	892 9. AGE (In year lost birthday	IF UNDER 1 YEA	R IF UNDER 24 HR			
Male White WIDOW		Jannary NYA	1890/ 69 67 y		Hours Min.			
Oa. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY			
	Tobacco Busines	s Russia		U.S.	Α.			
3. FATHER'S NAME	V V V V V V V V V V V V V V V V V V V	14. MOTHER'S MAIDEN N	IAME					
Moishe Wolpert		Frieda Gree	nherg					
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no, or unknown) [ (If yes, give war or dates of service)	SOCIAL SECURITY NO.	NFORMANT		ddress				
Yes WW I	Cl	in.Rec.VAH.Ft	.Howard Divis	sion Ralt	p.18.Md.			
IB. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c), 1								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOC		TON		1	Dav			
420.1 DUE TO								
Conditions, if ony, which ) (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE								
gove rise to immediate	gove rise to immediate							
couse (o), stating the <u>under-</u> lying cause lost.				1 100				
The state of the s	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION (	GIVEN IN PART 1(o)	19. WAS AUTOPSY			
PART II. OTHER SIGNIFICANT CONDITIONS					PERFORMED?			
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Port II of item 1B.)					
20°a. ACCIDENT WAS UNDERLYING   20°b. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Month, Doy, Year 20d.		ACE OF INJURY (Hame, form		(Count	y) (State			
20c. TIME OF INJURY Month, Doy, Year 20d. While of wo	INDI WILLE	ctory, street, office bldg., etc.	)					
VA		204Maria Dan	76 2.2000	OVVVVVVV	~~~~~~~~~			
21. I certify that attended the decea								
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX, and that death		M, fram the causes ( ADDRESS (Street, city or tow		te stated abave DATE SIGNE			
ACTUAL (URA 1 4 6	Jana della	TANK DATED		ADD DITTE	TON 30/16			
SIGNATURE	10 Million	M.D. VAH, BALTO.	18, MD, FT, HOW	WKD DIATS	TON TS/TO			
PHYSICIAN'S NAME (Type) CARTDAD E. GONZA	ALEZ, M.D.							
20. BURIAL, CREMATION, REMOVAL (Specify)  Burial  22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town	n, or county) Baltimo	(Stote)			
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	D BY REGISTRAR 24b. RE	GISTRAR'S SIGNAT				
	D3 D 31 . 30	DATE						
ack Lewis Inc., 2100 Futaw	Place Balto Mo	DAIL D	EC 2 1 '59	Jether 9 H				

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VS. A15ME(5) 5M 9/55

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13515 Reg. Dist. No.

1. PLACE OF DEATH	altimore		MARYLAN	O. STATE	ARCHITECTURE	Where decease yland	ed lived. If Institu b. COUNT		ce before adn	nission)
b. CITY OR TOWN (If or and give nearest town)	tside corporate limits, write	RURAL	c. LENGTH OF STAY IN 11	c. CITY OI			orole limits, write	RURAL and	give nearest to	own)
Catonsvill	e		lyrlmth13dy:	Ba	atimo	re		3 VO.	1-4	
		f not in hosp	pital, give street address)	d. STREET	ADDRESS					RESIDENCE
SPRING GR	OVE STATE	3 HOS	PITAL	19	909 F1	Leet St	treet			NO 🗆
3. NAME OF HO	len Fin	ıt	Middle	Los	st .	4. DATE OF	Mont	h	Day	Year
(Type or print)	Verdia		Ester	Wolski		DEATH		ember	10	19 59
5. SEX	6. COLOR OR RACE	7- MARRIE	D NEVER MARRIED	B. DATE OF BIRT	н		9. AGE (In years Igst birtheoy)		YEAR IF UNI	
female	white	WIDOWED	DIVORCED [	Ma rch	5, 19	713	46 yrs.	Months D	ays Hours	Min.
10a. USUAL OCCUPATION during most of working housewife	life, even if retired)	done 10b. K	IND OF BUSINESS OR INDU	ISTRY 11. BIRTHP		or foreign co eorgia			S. A	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	NAME			107	
Mr. Go	lden			1	Lena	?				
15. WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFORMANT			Address			
unknown	yes, give war or dates of		hkhoym :	Records:	SPRI	ING GI	ROVE STAT	TE HOS	SPITAL	
18. CAUSE OF DEATH	[Enter only one cau	se per line f	or (o), (b), and (c).]						INTERVAL BETY	VEEN
PART I. DEATH	WAS CAUSED BY:								ONSE! AND D	LAITI
974X	DUE TO		01		1	1	-			1383
Conditions, if ony	, which ) (b)	La	brouguel	atem 1	159 -	ha	ween			
gove rise to immedia	te couse				1		0	()		
(o), stoting the un	(c)		0		/					
PART II. OTHE	SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BU					VEN IN PART	1(a) 19. WAS	AUTOPSY ORMED?
PART II. OTHE						elle			YES 🗌	NO 🗌
20a. EXTERNAL CAUS PRIMARY FOR CONT CAUSE OF DEATH.	RIBUTING   20	DESCRIBE	HOW INJURY OCCURRED.	Pinter noture of in	njury in Part	tied tied	to a door	was :	and a	round
	Month, Day, Yea	her ne	NJURY OCCURRED 200. P	ACE OF INJURY	(Home form	206 (City	or town)	(Coun	tv)	(Stote)
20c. TIME OF INJURY		. While	Not while fo	hospital	e bldg., etc.	.)	Catonsvi	40		
21. I certify the	t I took chorge	of the r	emoins described of	ove, held on	Autops	y 🗖 🔊 İn	spection	Inquiry	M. and	find that
		_	], Accident [], S	-			_			
1	21 1	1	1 11						1.00	
SIGNATURE	Lay ho	Ma	effer	M.D. CHIEF	MEDICAL EX	CAMINER _			DATE	SIGNED
EXAMINER'S NAME (Type)	George	M. Kie	effer, M. D.			AL EXAMINER			12-1	1-59
220. BURIAL, CREMATION REMOVAL (Specify)	226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town,	or county)	(Sto	rte)
Burial	12/14/59		St. Stanisla	is Cemete	ery	6515	Boston S	StBalt	Chil. o.	
23. FUNERAL DIRECTOR'S	SIGNATURE	1.705	South Ann St	reet.	240. REC'	D BY REGISTI	RAR 24b. REGI	STRAR'S SIGN	NATURE	
Jung	e & Tole	rez !	Dodon Ann D	A 000	DATE	DEC 1 5	'59	Tollun 9	King	130

MASS TO STEDENTS STORY MANS SECTION ALLERY OF THE PARTY OF THE PARTY OF THE PARTY. STATE OF THE STATE

tem 18 Film 2 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13516 135% DICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Reg. Dist. No. cremotion PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) a. COUNTY b. COUNTY Prince George Baltimore MARYLAND buricl, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) Laurel. Maryland Catonsville 6vr5mth2dvs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE prior ON A FARM? Star Route - Box hOh YES NO L GROVE STATE HOSPITAL NAME OF First Middle Month Day Year DECEASED W (Type or print) George Wootten DEATH 19 for 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years IF UNDER TYEAR IF UNDER 24 HR 88 Sirthday) Months Days Hours Min. male white 1871? WIDOWED K DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? 3 puo Maryland U. S. pe farmer A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME May poges Unknown Unknown Pages 40 Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address File If yes, give war or dates of services Give unknown Unknown Records: SPRIN G STATE GROVE HOSPITAL PM3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Broncho. Pneumonia IMMEDIATE CAUSE (o) along with for ardio vascular disease **DUE TO** Canditians, if any, which pencil gave rise to immediate cause DUE TO (a), stating the underlying femur accident cause last. b Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 03 CERTIFICATION PERFORMED? pending NO T 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) fell iloor Pe on 10-24-59 sustaining fractured right femur. Exami CAUSE OF DEATH. 3 should ward Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, affice bldg., etc.) Medical While Not while the 10-24- 1959 at work at work hosmita. Catonsville 20. Maryland 21. I certify that I took charge of the remains described above, held an Autopsy I Inspection ... Inquiry , and find that Chief DIRECTOR: Accident Suicide . death resulted from: Natural causes 1. Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE Cer FUNERAL ASSISTANT MEDICAL EXAMINER P DEPUTY **EXAMINER'S** George M. Kieffer, M. D. DEPUTY MEDICAL EXAMINER NAME (Type) FOrw 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Ciriling S. Thous 5M 9/55

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g.	Dist.	No.	edi-				_

1. PLACE OF DEATH o. COUNTY Ba	ltimore		MA	RYLAND	2. USUAL RESIL	DENCE (Wh	ere deceased	lived. If institut b. COUNTY		e befor	e admiss	sion)
b. CITY OR TOWN (III	f outside corporate limi	ts, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR 1	TOWN (If o	utside corpor	ote limits, write I	RURAL and g	ive nea	rest town	n)
Catonsv					Bs	ltim	ore	3	VO1	- 4	2	
d. NAME OF HOSPIT	AL (If nat in haspital, g	ive street o	address)		d. STREET A	DDRESS						SIDENCE FARM?
House in	the Pines	Nu	rsing Ho	ome	3912	Bel	le Av	78				NO 1
3. NAME OF DECEASED	Fir	st	Mide	dle	Los	t	4. DATE	Мо	nth	Do	y	Year
(Type or print)	Nett	ie	Α.		Worthman		DEATH	De	C.	28.		19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MAR	RRIED 🔼	B. DATE OF BIRTI			9. AGE (In years		1 YEAR		
Female	White	WIDOWE	D DIVOR	CED	Oct.31,	1883		last birthday)	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	JSTRY 11. BIRTHPL	ACE (State	or fareign ca	untry)	12. CITI	ZEN O	F WHAT	COUNTR
Saleslad			itzler E	Bros.	T. I	Id.			U.	S.	A .	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
Henry	Worthman				W417	almi	na Bo	olwie				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY I	NO. 17.	INFORMANT		314 20		dress			
(Yes, no, or unknown)  no	(If yes, give war or dates of s	2]	16-03-49	58 M	rs.Lill	Lian	Rodge	rs 113	S. Wi	leki	nam	Rd.
PART 1. DEA  / 8/. 0  Conditions, if or gave rise to in couse (a), stoting lying cause lost.	the under-	Ca	rcinoma d	of Ur						abo	ut 3	Mos
PART II. OTH  OR CONTRIBUTING OR CONTRIBUTING OR FEITHER, NOTIFY	ier significant con Arter		Lerotic Ca					CONDITION GI	VEN IN PART	1(a) 15	PERFO	AUTOPSY DRMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	ED. (Enter nature a	f injury in f	Part 1 or Part	It of item 1B.)	M.S.			
ZOc. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yes	20d. IN While at wark	Not while of work	20e. Pi	LACE OF INJURY (I actory, street, office	Home, farm bldg., etc.	, 20f. (City	or town)	(C	aunty)		(State)
21. I certify th	at I attended the	decease	ed from Mai	rch	. 1946	, to_De	ec. 28	19 5	9, that 11	ast sa	w the	decease
alive an Dec			59, and the			11:301	P.M., fram ADDRESS (Str	the causes	and an th	e dat	e state	ed abov
SIGNATURE	100%	/,	for	7/	M.D	1 M	allow_	Hill Ave	14		12/2	29.59
PHYSICIAN'S NAME (Type)	Leo J. C	aver				Ва	ltimor	e 29, Md				
220. BURIAL, CREMATIO		F	22c. NAME OF CE	EMETERY C	OR CREMATORY		22d. LOCAT	ION (City, tawn,	or county)		(State	e)
REMOVAL (Specify) Burial	12-31-	1959	Baltin	ore	Cometer	CY_	Bal	Ltimore		Mo	i.	
23. FUNERAL DIRECTOR		37	ADDRESS NOT WE	Ath	AUE		D BY REGISTE		STRAR'S SIG		E	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur may be retained by the hospital ar attending physician.

TO FUNERAL ACTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/5S

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NAME OF THE PERSONS ASSESSED.	15,300	Tantanio Campa	
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tam Rodomy 118 C. Mokham Ed.	AKA I S	H 63 94 87 87.8	01
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	(stene)	Selected and selec	

CERTIFICATE OF DEATH

13518

	11/1/2/18	13537		CERT	IFIC,	AIE OF D	EAIL	1			Reg. D	ist. No.		
o. COUN	Bal	timore		MAR	YLAND	2. USUAL RESIDE	ence (whe			institutio OUNTY	on: Reside	nce befo	re admiss	sion)
b. CITY (	OR TOWN (If a	outside corporate limitest town)	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TO	OWN (If a	utside corpo	rote limits,	write RL	JRAL ond	give ne	arest tow	n)
Cat	onsvil	le		2mth2dys		Balt	imor	е		3 V	01-	4		
	OF HOSPITAL	(If not in hospitol, g		oddress)		d. STREET AD		ght C	ourt	S		•		FARM?
3. NAME C DECEASE (Type or	D	Fin Geors		Middle		lost Wratchfor		4. DATE OF DEATH		Mont Dece	mber	29	,	Year 19 59
. sex			2 -	RIED NEVER MARR		B. DATE OF BIRTH	17.	1880	9. AGE (In last birt	years hdoy) yrs.	IF UNDE Months	R 1 YEAR Days		ER 24 HRS. Min.
during	most of workin		done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLA			ountry)					COUNTRY
UT.	known					14. MOTHER'S A	/irgi				U	. S.	A.	
U	nka own		1209	h Wratch		Unl	CHOWN							
IS. WAS DE IYes, no. or un		N U. S. ARMED FOR		SOCIAL SECURITY NO	9. 17. 1	NFORMANT				Addr	ess			
unl	nown		H	as a card	R	lecords:	SPRI	NG G	ROVE	STA	TE	HOSE	TTAI	
Cond gove couse lying	itions, if ony rise to imperior the course lost.	nediote DUE TO	)G	neralized										
20g. AC	CIDENT WAS	UNDERLYING TO LEAST CONTROL TO LEAST CON		CONTRIBUTING TO DE							EN IN PA	RT 1(0) 1	9. WAS PERFO YES	AUTOPSY PRMED? NO
₹ 20c. TIN	E OF INJURY our o. m. p. m.		While of wor	NJURY OCCURRED  Not while k of work	20e. PL	ACE OF INJURY (He ctary, street, office I	ome, form bldg., etc.	, 20f, (City	or town)		•	(County)		(State)
21. I alive	URE D	l attended the ec. 29	W.	2, and that a cluster	death	occurred at SPRI	3:35	Decm. PM, from ADDRESS (SI ROVE	n the car	uses a r town, :	nd on i	the da	te state	decease ed abave ATE SIGNE -29-59
220. BURIAL	, CREMATION, AL (Specify)	tella Wach		22c. NAME OF CEM	. 1 1		nsvil	22d. LOCAT	-			, 2	(Stot	e)
23. FUNERA	L DIRECTOR'S	1	c /	ADDRESS	-	-	240. REC'I	D BY REGIST		PEGIS	TRAR'S S	FNATU	RE	

may be retainty the hospital or attending physician.

Defunce of the filed in by former of the complete of the ter death: Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL OR TO FUNERAL D VS A15 (4) 15M 10/57

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			Company 100 Aur	
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### **CERTIFICATE OF DEATH**

Reg. Dist. No.

3519

1. PLACE OF DEATH o. COUNTY Balti	more		MARYL	AND	2. USUAL RESIDENCE	E (When	re deceased	lived. If institut		e befare admi	ssion
	If outside corporate limi	ts, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN	(If out	side corpor	ote limits, write F	RURAL ond gi	ve nearest tav	vn)
	Howard		L Days		Baltimore	е		3 '	101-	4	
d. NAME OF HOSPIT	TAL (If not in hospital, g		oddress) ion Hospita	1	d. STREET ADDRES		favet	te Avenu	e	ON	SIDENCE A FARM?
3. NAME OF DECEASED	Fir	st	Middle		Last	1	4. DATE OF	Decemb	nth	Doy 16	Year 50
(Type ar print)	THOMA	1	GORSUCH	-		R.	DEATH		-	YEAR IF UNE	17
s. sex Male	6. COLOR OR RACE White	VIDOWE	ED DIVORCED		B. DATE OF BIRTH  July 23. 1	911	30	9. AGE (In years lost birthdoy) 48 yrs.	-	Doys Hours	
10g. USUAL OCCUPATION	ON (Give kind af work king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (	Stote or	r foreign co	untry)	12. CITIZ	EN OF WHAT	COUNTRY?
Lawrer 13. FATHER'S NAME	king me, even it remed				Baltimo			Land	U	. S. A	•
Thomas G.	Vanna				Isabel			ndv			
1 HOMAS G.		CES2 14	SOCIAL SECURITY NO	1 10	NFORMANT	TO A CT	110 110	Ado	Irats		
Yes, no, or unknown) Yes	(If yes, give war or dates of s	ervice)	3-03-7474		in.Rec.VAH	,Ba	1to.1			Divis	ion
581.1	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	HE	PATIC INSUF	M.						ONSET AN	D DEATH
Conditions, if o gave rise to i cause (o), stoting lying cause lost.	the under-	7	ENNEC'S CIR								NOWN
	. ) (c HER SIGNIFICANT CON		CONTRIBUTING TO DEAT				IAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19. WAS	
PART II. OTI	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of injur	ry in Po	ort I or Port	II of item 1B.)	mg.		
	RY Month, Day, Ye	20d. If While of wor	Not while		ACE OF INJURY (Home, story, street, office bldg		20f. (City	or town)	(Co	ounty)	(State)
ACTUAL SIGNATURE		exited the contract of the con	ALEZ, M.D.			55A	M fram DDRESS (St	the causes ar	nd an the , stote)	date state	d abave. TE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREC		22c. NAME OF CEMET			2		inore. I			ote)
Burial 23. FUNERAL DIRECTOR			ADDRESS		24a.	REC'D	BY REGIST	RAR 24b. REG	ISTRAR'S SIG	NATURE	
T.Tm Cools	Discht The	6000	Harford Rd	Ra	Tto The Medal	E DE	7 X 1 3	9	rthur S.	Traces	

me funeral directar, and campletely filled in by me funeral TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs carban papers. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then please remove carl the registrar prior ta burial, cremotian, or remaval, and in any event within 72 flaurs, fite TO HOSPITAL

VS A15 (4) 15M 9/5B

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CEDTIEICATE OF DEATH

John A.Moran 3000 E.Baltimore St.Balto.

	13539	CERTIFICA	HE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  Balt	imore	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland	nere deceased lived. If institut b. COUNTY	lon: Residence before odmission) Baltimore
b. CITY OR TOWN (If outsine RURAL and give nearest I	de corporote limits, write	c. LENGTH OF STAY IN 16	M /	outside corporate limits, write I	RURAL and give nearest town)
d. NAME OF HOSPITAL (IF OR INSTITUTION	not in hospitol, give street		J. STREET ADDRESS*	leen Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First COTGE	N. Ze	llinger Jr.	4. DATE Mor	
	olor or RACE 7. MARK		s. date of birth January 18.	9. AGE (In years last birthdoy) 1894 65 yrs.	Months Days Hours Min.
during most of working life	ve kind of work done 10b. e, even if retired) rs Helper	KIND OF BUSINESS OR INDUS		or foreign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME George N.Z.	ellinger S	r.	14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U		SOCIAL SECURITY NO. 17, IN		Add	Aberdeen Road
Conditions, if ony, we gove rise to immed couse (o), stoting the unlying couse lost.	DUE TO  hich (b)	tero sel	crote Cada	ovosenla.	ONSET AND DEATH
PART II. OTHER SIGNATURE OF CONTRIBUTING CAR CONTRIBUTING CAR (IF EITHER, NOTIFY MEDICAL PROPERTY PROPERTY MEDICAL PROPERTY M		CONTRIBUTING TO DEATH BUT			VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Me	onth, Doy, Yeor 20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm tory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)
21. I certify that I alive an	attended the decease 125, 19	ed fram. 6/15  T, and that death			That I last saw the deceased and an the date stated above DATE SIGNED
Burial :	b. date thereof L2/28/59	Balto.Natio	onal Cem.	22d. LOCATION (City, town, Baltimor	e Md.
23. FUNERAL DIRECTOR'S SIGN	NATURE	ADDRESS	240. REC'	D BY REGISTRAR 246. REG	ISTRAR'S SIGNATURE

DATE 2 9 '59

may be retained by the haspital or attending physicion.

D. FUNERAL DY, CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. may be retained TO FUNERAL DATE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

ofter death. Page 4.

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VS A15 (4) 15M 9/55

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1 July 1945 1947 19-3			Spina-	
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				21. Leading that I
A few the comment of the date date formation of the control of the	to ballung			
			malegad treath	
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Bally to the and a separation				

VS A15 (4) 15M 9/58

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Reg. Dist. No.

a, COUNTY		USUAL RESIDENCE (Where decease     o. STATE	b. COUNTY	etare admission)
Baltimore	MARYLAND	Maryland	Balt	imore
<ul> <li>CITY OR TOWN (If autside carporate limits, RURAL and give nearest town)</li> </ul>	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corpo	prote limits, write RURAL and give	nearest tawn)
Rural Pikesville	Lifetime	Rural Pikesv	ille 8. Md.	
d. NAME OF HOSPITAL (If not in haspital, giv OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
OK INSTITUTION		217 Church Lan	Δ	YES NO
3. NAME OF First	Middle	Last 4. DATE		Day Year
(Type or print) Marsz	Lavinia	Zimmer OF DEATH		19 59
110.1 /	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YE.	AR IF UNDER 24 HRS.
	VIDOWED DIVORCED	A:7 72 7002	last birthday) Manths Day	s Haurs Min.
Fiemale White V		STRY 11 RIPTHPLACE (State or foreign of	/ / /	OF WHAT COUNTRY?
during most of warking life, even if retired)				or what coordinate
Housewife	Own home	The state of the s	aryland U.	S.A.
I3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Henery All		Lavinia Mul	lineaux	
(Yes, no, or unknown) (If yes, give war or dates of serv		NFORMANT	Pikesville	8, Md.
No None	Mr	. George W. Zim	mer, 217 Churc	h Lane
18. CAUSE OF DEATH [Enter only one caus	e per line far (a), (b), and (c).]			TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Adenacarcin	ania of Pan	creas	22 MONG
157X DUE TO	772			
Canditions if any which )				
gave rise to immediate				
lying cause last.				
	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1/a	19 WAS ALITOPSY
OF THE STORM CART CORD	TIONS CONTRIBOTING TO BEATTI BOT	THO REDUIES TO THE TERMINAL SISEA.	ic condition divers list Aki I	PERFORMED?
20- ACCIDENT WAS UNDERLYING TO	A DECCRIPE HOW MILLIPY OCCUPRE	D /E-1	at II of item 19.1	YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or Pa	n ii di iiem io.j	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
		ACE OF INJURY (Hame, farm, 20f. (Cit ctary, street, affice bldg., etc.) !	y ar tawn) (Caun	ty) (State)
p. m. 19	at wark at wark	N	10	
21. I certify that I attended the a	deceosed from Flb. 21	1958, to De Cil	1959, that I lost s	ow the deceased
olive on Bec. 11 dh		accurred at 5.70 M, from		
	00		Street, city ar tawn, state)	DATE SIGNED
ACTUAL ALLO ALL	W. West St.	M.D. 1331 Reis	sterstenn Rd.	12/12/0
SIGNATURE CONTROL OF THE SIGNATURE	reur on			
PHYSICIAN'S James A. M.	iller,M.D.	Pikesvill	1e-8,148	
22a. BURIAL, EXEMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCA	ITION (City, tawn, ar caunty)	(State)
Burial Dec.14,	1959 Druid Rids	e Cemetery Pi	kesville 8. M	d.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIS	TRAR 246. REGISTRAR'S SIGNA	TURE
frank H.	Carell I LARL	DATE DEC 1 4 "	59 arthur S. Kr	aud

